moy be retained he hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the content proge 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or removal, and in ony event within 72 hours after death. feath. Poge 4 \*TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer TO HOSPITAL OR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4219

**CERTIFICATE OF DEATH** 

Rog. Dist. No. (14212

	PLACE OF DEATH					2. USUAL R	SIDENCE	(Where dece				ce before	admission)	
1		Dorches		MARY	LAND			vland		b. COUNTY	Dor	ches		
ī	RURAL and give ne	outside carporate limi arest town)	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY C	R TOWN	(If autside ca	rporate li	mits, write R	URAL and g	give neares	st fawn)	
	Cambri	dge		Life		3	Cam	bridge	9					
>	d. NAME OF HOSPITA	AL (If not in hospital, odge Maryl	ive street a	ddress)		d. STREE	ADDRES	SS				•.	IS RESIDE	NCE PM2
	Cambri	dge Maryl	and	Hospital			18	Fairmo	ount	Ave	nue		ES N	
1	3. NAME OF DECEASED	Fir	st	Middle			Last	4. DAT	E	Mor	nth	Doy	Year	r
	(Type or print)	Jar		Lyte		Bur	rs	OF DEA		Apr	11	6.	19	61
ı	5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRI	ED 🔲	B. DATE OF B	RTH		9. AC	E (In years t birthday)	IF UNDER	1 YEAR IF	UNDER 2	4 HRS.
	Female	Negro	WIDOWE	Name of the last o		May 1	5,	1855	1	05. yrs.	Months	Days H	laurs	Min.
	10a. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	dane 10b. I	CIND OF BUSINESS C	R INDUS	TRY 11. BIRTI	IPLACE (S	State ar foreig	country		12. CIT	IZEN OF	WHAT CO	UNTRY?
Housewife Housewife Dorche									Coun	ty Mo	i.	USA	1	
1	13. FATHER'S NAME					14. MOTHE	R'S MAID	EN NAME				-		
/		William	Lyt	е				Mary	7	Lyte				
1\$. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  Address  Address														
	No ***** None Maude Hughes, Cambridge, Maryla									ylar	nd			
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]											INTERVAL BETWEEN		
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Co:	ronary He	eart	Dise	ase					UNSEI	AND DE	AIM
1	DUE TO													
9	Canditians, if an	Canditians, if any, which ) (b)												
		gave rise to immediate cause (a), stating the under:												
	lying cause last.													
ı	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)									T 1(a) 19.	WAS AUT	OPSY		
	Fracture right hip										PERFORMI			
	PART II. OTH  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING		RIBE HOW INJURY O	-	. (Enter natur	of injur	y in Part I or I	Part II of	item 18.)				
H		MEDICAL EXAMINER)												
1	20c. TIME OF INJURY	Month, Day, Yes		JURY OCCURRED				farm,   20f. (C	ity or to	∾n}	(C	aunty)		(State)
	Hour a.m.	19	While at work	Not while at work	TOC	ary, street, of	ice blag.	, elc.)						
	21. I certify the	ot I attended the	decease	d from Dece	mber	1 10 5	6 ta	April	6.	196	that I I	ast saw	the de	censed
1	olive on		10					M, fr						
1	(	WII	1		acam	occorred	''			ity or town.		ie ddie		SIGNED
1	ACTUAL SIGNATURE	160	AL	ux		A.D. 22	7 P	ine St		Cambr	idge	.Md.	11-	10-6
1	-					1.0.	4					-2		
1	PHYSICIAN'S J.	. Edwin F	asse	tt, M.D.										
	22a. BURIAL, CREMATION	N, 22b. DATE THEREO	F	22c. NAME OF CEM	ETERY OF	CREMATORY		22d. LO	CATION (	City, tawn,	or county)		(State)	
	Burial (Specify)	4/11/19	61	Waugh C	eme	erv					Marv	land		
	23. FUNERAL DIRECTOR'S	SIGHATURE A	1 1	DDRESS			240.	REC'D BY REG			STRAR'S SIG			
	Werker X	MUHL	ace	A Cambr	1000	MA	DATE	APR 2	61	0	Thug &	Kraus	4	
1		X > 1	= (/	- Westing	Lugi	- Pille					7 21.	, , , , , , , , , , , ,		

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

4220

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1	2660				11.72	613
)	1. PLACE OF DEATH O D84 Chester	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If instituti b. COUNTY	on: Residence before odr rchester	mission)
	b. CITY OR TOWN (If autside carparote limits, wri	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or Cambri	utside corporate limits, write R .dge	URAL ond give nearest to	own)
	d. NAME OF HOSPITAL (If not in hospital, give structured Maryland Hospital)		d. STREET ADDRESS R F D #2		10	RESIDENCE N A FARM? NO
	3. NAME OF DECEASED (Type or print)  Tirst  J	Middle <b>Lee</b>	Burton	4. DATE Mon		Year 19 6
	Mala Maita	MARRIED NEVER MARRIED OWED DIVORCED	B. DATE OF BIRTH December 27	9. AGE (In years lost by thdoy) yrs.	Months Days Hou	
	10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired)	10b. KIND OF BUSINESS OR INDU- Sewing Factory	STRY 11. BIRTHPLACE (Stote of Maryland	or foreign country)	US A	T COUNTRY
1	13. FATHER'S NAME Luther Burton		14. MOTHER'S MAIDEN N			
)	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		Mrs Frances P	Add Cambi	ridge Mary	land
	PART I. DEATH Enter only one cause p  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Canditions, if any, which gove rise to immediate couse (o), stating the under- lying couse lost.  (c)	eryline for (o), (b), and (c).	duste	oute CVI)	INTERVAL ONSET A	BETWEEN ND DEATH
3	PARE II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	elletes			PEI	AS AUTOPSY RFORMED?
		DESCRIBE HOW INJURY OCCURRE		N. A. B. T. C.		
	Haur a.m.		ACE OF INJURY (Home, farm, ctory, street, affice bldg., etc.		(County)	(State
1	21. I certify that (I) (this haspital) attacks the deceased alive an analysis at the saw the deceased alive and a saw the deceased alive alive and a saw the deceased alive alive and a saw the deceased alive a	190/, and that a	death accurred at 101	M, from the causes or	a 196_/, that (I	
	22c. PHYSICIANS NAME (Type) J. W. Thow	upson	ADDRESS OLUL	ud by	Ud	
		23c. NAME OF CEMETERY OF Dorchester		23d. LOCATION (Gity, town, Cambridge	or county) (iii	State)
	24. FUNERAL DIRECTOR'S SIGNATURE Le Compte Funeral Servi	ice Cambridge Ma	aryland 250. REC'I		ISTRAR'S SIGNATURE	

moy be revained the haspitol or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to buriol, cremation, ar removal, and in any event, within 72 haurs ofter death.

NDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often

ith. Page 4

TO HOSPITAL OR VR A1S (4) 1SM 9/S9

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	Springer &		

VR A1S (4) 1SM 9/59

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1	14	2	1	4
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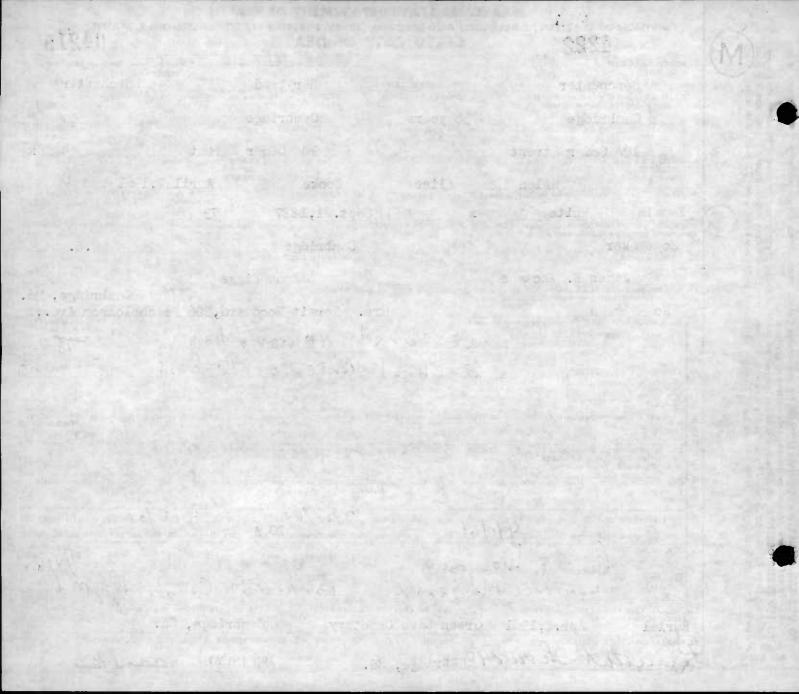
1		COUNTY Corchester	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY						
	t	o. CITY, OR TOWN (If outside carporate limits, write RURA), and give negrest lown)	c. LENGTH OF STAY IN 16	C CITY OR TOWN (IF or	utside corporate limits, write I	RURAL and give near	rest town)			
	/	I. NAME OF HOSPITAL (If nat/in/hospital, give street o OR INSTITUTION	oddress)	d. STREET ADDRESS	·/		ON A FARM? YES NO			
	(	NAME OF PIECEASED Type or print) Corrie	Rebecca	Colbourne	4. DATE Mor	1 /13	1961			
5	S. S	Genale White WIDOWE	,	3/13/1882	9. AGE (In years lan birthday) yrs.	Manths Days	Hours Min.			
	10a.	USUAL OCCUPATION (Give kind af work done 10b. K during most of working life, even if retired)	KIND OF BUSINESS OR INDU	Mary	Mand	12. CIENTEN OF	WHAT COUNTRY?			
)	13.	Jam Marie		14. MOTHER'S MAIDEN N	ne ma	ore-				
	1S. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17.	loyd Co	lbourne, &	Secretar	y me			
		1B. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY:		recommentous.	metrateria	INTE	RVAL BETWEEN ET AND DEATH			
		DUE TO Conditions, if any, which )	. , 0	Circinona	of Resir	4 ?	2 year			
		gove rise to immediate couse (o), stating the under:  lying cause lost.			-					
	CATION	Chronic arteris	eclerate	NOT RELATED TO THE TERMI	NAI DISEASE CONDITION GI	VEN IN PART 1(a) 15	P. WAS AUTOPSY PERFORMED? YES NO P			
	L CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRI	D. (Enter nature af injury in f	'art I or Part II of item 1B.)					
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 20d. IN While at work	Not while fo	ACE OF INJURY (Hame, farm ctory, street, office bldg., etc.		(Caunty)	(State)			
		21. I certify that (I) (this haspital) attended saw the deceased alive an H-7			M, fram the causes a	3, 19_ <b>6</b> /the	111 -1			
		220. SIGNATURE & Jeen	euce.	M.D. ATTENDING ME			22b. DATE SIGNED			
		22c. PHYSICIAN'S NAME (Type) DR. H. B. PL	UMMER	22d. ADDRESS Prest	on Ind					
,	220	RURIAL, CREMATION, 23b. DATE THEREOF, BEMOVAL (Specify)	230 NAME OF CEMETERY O	Market	23d LOCATION (Gity, town,	Market	(Stote)			
-	24.	EUNERAL DIRECTOR'S SIGNATURE	ADDRESS 'S, TR	setel DATE A		GISTRAR'S SIGNATUR CIVILLING S. FL				

HIASO TO STADIULISO State Land Landon Merchant Francisco Company the same of the sa and a second to the second of the second THE WASHINGTON TO SHARE THE PARTY.

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (14222) CERTIFICATE OF DEATH (14215)

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)						
o. COUNTY  Borchester  MARYLAND	e. STATE b. COUNTY						
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
write RURAL end give neerest town)							
Cambridge 36 years	d. STREET ADDRESS						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?						
10/4 Cedar Street	104 Cedar Street YES NO						
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer						
(Type or print)	Cooks DEATH Warril 2 1061 19						
Helen Alice  5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	Cooke April 2,1961  DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.						
	last birthdey) Months Deys Hours Min.						
	Sept. 21, 1887   73 yrs.						
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY						
<b>Homemaker</b>	Cambridge U.S.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
James E. Thoma s	Emma Figgs						
(Yes, no, or unkown) (Ifyesglvewerordetesofservice)	Camprioge, Ma.						
No Mr.							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (0)]  PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (0)]	Hemory hage ONSET AND DEATH						
DIE TO	1						
Conditions, if eny, which ) (Prebra	Arteriosclerosis & months						
geve rise to immediate cause							
(e), steting the underlying DUE TO							
ceuse lest. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	YES NO						
200. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Part I or Pert II of item 18.)						
ZDe. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)						
	ory, street, office bldg., etc.)						
p.m. 19 et work at work							
21. 1 certify that (I) (this hospital) attended the deceased from	3/20/61, 19 to 12/6 19 that (I) (we) las						
	death occured at 10M, from the causes and on the date stated above						
22e. SIGNATURE	22b. DATE						
1	ATTENDING MED. STAFF						
	D. PHYS. DIRECTOR PHYS.						
22c. PHYSICIAN'S NAME (Type) Lawrence Maryanon	136 Race St. Cambridge. Md						
-amilus 1.191 ANON	1 so hace so the maridae, it is						
236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)						
REMOVAL (Specify) Apr. 4, 1961 Green Lawn Cem	etery Cambridge, Md.						
24, FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
1.11	DATE 800 4 0 104						
Secult & Showo Cambridge, Md	DATE APR 1 0 '61   Carling & Kinns						



TO HOSPITAL OR

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

6222 CERTIFICATE OF DEATH

-	)	4	2	1	6

	and Fa U									411
1.	PLACE OF DEATH O. COUNTY DORCHESTER, CO		MARYI		o. STATE MARYLAN		l lived. If institution b. COUNTY		e before od CHESTE	
	b. CITY OR TOWN (If outside corporate limit	s, write	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (If ou	ıtside corpoi	rote limits, write R	URAL and gi	ve nearest	town)
(	CAMBRIDGE, MARYLAND.		3 DAYS		BISHOPS HEA	D. MA	RYLAND.			
	d. NAME OF HOSPITAL (If not in hospital, g OR INSTITUTION	ive street	address)		d. STREET ADDRESS				e. IS	RESIDENCE N A FARM?
(	CAMBRIDGE MARYLAND HO	SPIT	AL		NONE	11.3				S NO
3.	NAME OF Fire	st	Middle		Last	4. DATE	Man	th	Day	Year
	OECEASED (Type or print) CLA	RA	LEHMAN	D	AWSON	OF DEATH	APRI	L	20	1961
5.	SEX 6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE	D 8. D	ATE OF BIRTH		9. AGE (In years last birthday)		-	INDER 24 HRS.
	FEMALE WHITE	WIDOWI	ED DIVORCE		12/25/1905		55 yrs.	Months [	Days Ha	urs Min.
10	o. USUAL OCCUPATION (Give kind of wark	lone 10b.	KIND OF BUSINESS OF	R INDUSTRY		or foreign co	ountry)	12. CITIZ	EN OF WH	AT COUNTRY?
	during mast of working life, even if retired) HOUSEWIFE		HOUSEWIFE		MARYLAND				U.S.A	
13	FATHER'S NAME			1	4. MOTHER'S MAIDEN N	AME			-	
1	AMBROSE DAWSON				ONEA SH	ROUT				
	. WAS DECEASED EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO			Add	ress		
1,	es, no, or unknown) (If yes, give war or dates of se	HVICE)	YES	LE C	OMPTE FUNERA	I SER	VICE. RE	CORDS		
F	18. CAUSE OF DEATH [Enter only one co	use per li	ne far (a), (b), and (c).]	,						L BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o		Mesen	ter	ich	rom	2:200		ONSELA	HTASD DIA
	2-60X DUE TO		D 1	,	۸. /	1 1				7
	Conditions, if ony, which ) (b)		Diak	ete	19N 20	/itu	2.1		10	11100
	gave rise to immediate DUE TO		4 1		2		•	0.00		4.3
	lying cause lost.		Acut	.5	Bronch	17:	5		12	days
Z	PART II. OTHER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TERMIN	NAL DISEASI	E CONDITION GIV	EN IN PART	1(o) 19. W	AS AUTOPSY
CATION										NO
CERTIFIC	20g. ACCIDENT WAS UNDERLYING	20b. DES	CRIBE HOW INJURY OF	CCURRED. (E	inter nature of injury in P	art t or Port	t II af item 1B.)	-		
G	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
CAL	20c. TIME OF INJURY Month, Doy, Yea				OF INJURY (Home, farm,		or town)	(Co	ounty)	(Stote)
MEDICAL	Hour a.m. 19	While at wor		roctory	, street, office bldg., etc.					
	21. I certify that (I) (this hospital	attend	ded the deceased	from	4/8/6/12	to	4/20	16/10	that (	(I) (we) lost
	sow the deceased alive on	Iw			1 / - 00/		the couses on			
	22a. SIGNATURE	7	17 0110	mor dea	I decorred dig.	74, 110111	me cooses on	d on me	, / /	22b.DATE
	danden	Ma	your	M.D	ATTENDING ME	D. RECTOR	STAFF PHYS.		91	2 STIGNED
	22c. PHYSICIAN'S		0 00-		22d. ADDRESS	1		4.	1	1 1
	NAME (Type) Lawre	NCE	Mary.	ZHOV	691	mbr	idas	M	19	
23	g. BURIAL, CREMATION, 23b. DATE THEREC	F	23c. NAME OF CEME	TERY OR CI	REMATORY	23d. LOCAT	TION (City, town,	or county)		(Stote)
	BURIAL (Specify) APRIL 22	. 190	61 DORCHE	STER	MEMORIAL PAR		AMBRIDGE		TAND	
24	FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		2So. REC'D	BY REGIST		STRAR'S SIG		
]	LE COMPTE FUNERAL SER	VICE	, CAMBRIDGE	, MAR	YLAND. DATE API	R 2 7 '6	1 a.	thung &	Fracia	

VR A15 (4) 15M 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

4224

04217

o. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATEATYLAND b. COUNTY Dorchester							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give gearest town) Cambridge	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION Phillips Ave	oddress)	d. STREET ADDRESS ON A FARM?  109 Phillips Ave							
3. NAME OF First DECEASED (Type or print) Ethel	Middle Gill	Dayton  4. DATE Month Doy Year OF DEATH April 24 19 61							
Female White WIDOWE	70775	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.   March 28. 1881							
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)  FOUSEWILE	kind of business or indu own home	USTRY 11. BIRTHPLACE (State or foreign country)  Middletown Deleware  USA							
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME							
John Drummond		Racheal Drummond							
[Yes, no, or unknown)   (If yes, give wor or dates of service)		Ars Crawford Richardson Cambridge Maryland							
gove rise to immediate couse (a), stating the under- lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS COUNTY CONDITIONS COUNTY CONDITIONS COUNTY COU	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES   NO							
20c. TIME OF INJURY Month, Doy, Year 20d. II	NJURY OCCURRED 20e. PL	ED. (Enter noture of injury in Port I or Port II of item 18.)  LACE OF INJURY (Home, form, 20f. (City or town) (County) (State)							
Hour o.m. While of wor	IAOI MIII6	octory, street, office bldg., etc.)							
21. I certify that (I) (this hospital) attended the deceased fram. 15 19 60, to 4/24 1961, that (I) (we) lost sow the deceased clive on 4/10 1961, and that death occurred at 4/10, from the couses and on the date stated above.  220. SIGNATURE  ATTENDING MED. STAFF PHYS. SIGNED PHYS. DIRECTOR PHYS. 122d. ADDRESS									
NAME (Type) ALFRED	R. MARYAN	OV 136 RACE ST., CAMBRIDGE							
23a. BURIAL, CREMATION, 23b. DATE THEREOF BUTTAL Specify April 26, 1		Cemetery Middletown Deleware							
24. FUNERAL DIRECTOR'S SIGNATURE Le Compte Funeral Service	Cambridge Ma	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  DATE APR 2 7 '61 Curling 8. Hours							

11210 A STATE OF THE PROPERTY OF THE PLEASURE OF THE PROPERTY AND STREET STREET, ST and the most treat of the country of

FOR STATE HEALTH DEPT TO DEPUTY M. CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is dessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

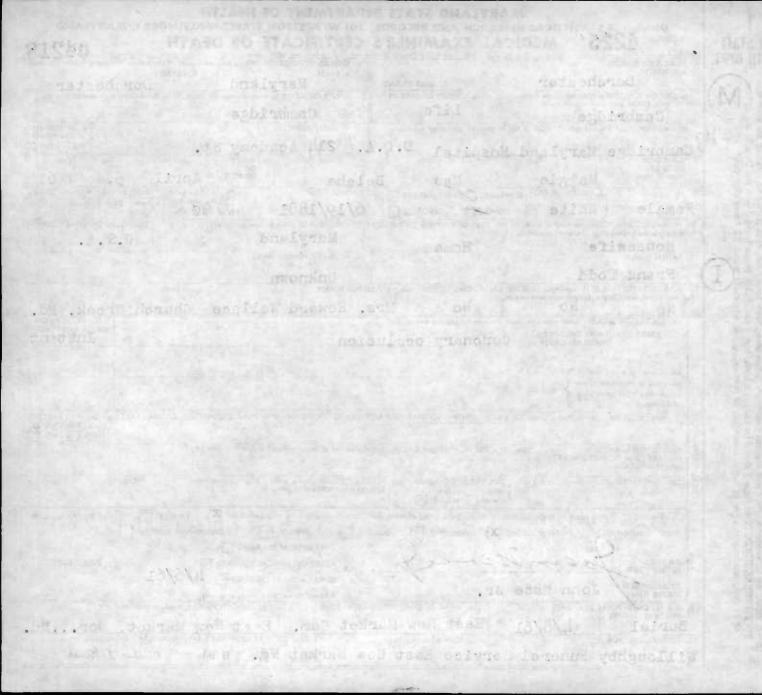
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of The Little or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 4225 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	421	SO, WÊD	DICAL	EXAMINE	R'S	CERTIFICA	TE OF	DEATH		114218
1.	PLACE OF DEATH			2. USUAL RESIDEN	VCE (Whare de			denca before edmission)		
		chester		MARYLA	ND	a, STATE	vland	b. COUNT	-	and an
	b. CITY OR TOWN (i	f outside corporeta limit	rs,	c. LENGTH OF STAY I		c. CITY OR TOWN		orete limits, write l		lester
	Cambri	give nearest town)		Life		13 Camb	ridge			
do	d. NAME OF HOSPIT	AL OR INSTITUTION (	f not in hosp	ital, give straat address)		d. STREET ADDRESS				IS RESIDENCE     ON A FARM?
V	Cambridge	Maryland	Hos	nital D.	0.A	. 214 Ac	ademy	St.		YES NO
	NAME OF DECEASED	First	A-1105	Middle		Last	4. DATE	Month	D	ay Yeer
	(Type or print)	Maggie		Mae	De	laha	DEATH	April	5.	19 61
5.	SEX		7. MARRIED	NEVER MARRIED		DATE OF BIRTH	9	. AGE (in yeers	F UNDER 1 YEA	
	Female	White	WIDOWED	-	-	6/19/1881	7	9/8 (0 vrs.	Months Dey	Hours Min.
		ON (Give kind of work		ND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (State	a or foreign cou	21001	12. CITI7F	OF WHAT COUNTRY?
d	one during most of wo	rking lite, even if retire	d)		DOBINI	Maryla		,		A.
12	Housewi	.fe		Home					0.0	• 21. •
1,3						4. MOTHER'S MAIDEN	NAME			
	Frank T					Unknow	n			
15 (Y	<ul> <li>WAS DECEASED EVI es, no, or unkown)   (if</li> </ul>	ER IN U.S. ARMED FOR iyasgiya warordalasofsa No	CES?   16. S ervica)	OCIAL SECURITY NO.		FORMANT		Address		
	No	No		No	Mrs	. Howard	Wallac	e Chur	ch Cr	eek. Md.
		EATH [Enter only one	cause par lin	ne for (a), (b), end (c).]	121					INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH	H WAS CAUSED BY:	Cor	onary occ	lus	ion			10.5	Instant
	470.	DUE TO								
	Conditions, if any									
	gave rise to immediate cause									
	(a), stering the undarrying									
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  19. WAS AUTOPSY									
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS? PERFORMED? YES NO 1									
CERTIFICATION	20a. EXTERNAL CA PRIMARY ☐ or CO CAUSE OF DEATH.		Ob. DESCRIB	BE HOW INJURY OCCU	RED. (Ent	ar neture of injury in Pa	art i or Part Ii of	itam 18.)		
3	20c. TIME OF INJU	RY Month, Day, Yes	20d. IN	NJURY OCCURRED   20	e. PLAC	OF INJURY (Home, fer	m,   20f. (City	y or town)	(County)	(Stata)
WEDICAL	Hour e.m.		While at work	Not While at work	factor	y, street, office bldg., at	c.)			
1 2	p.m.	19			n hala	A.da	Incomption.	<b>DE</b> 1 1		
				ins described abov			Inspection			nd in my opinion
	death resulted f	rom: Natural ca	uses X,	Accident	Suicid	e, Homicide	Un Un	determined ma	nner	
		J	20.			CHIEF MEDICAL	EXAMINER	Para Para		
-	ACTUAL SIGNATURE	Journ	Non	reet		M.D. ASSISTANT MEI	DICAL EXAMIN			DATE SIGNED
	EXAMINER'S NAME (Type)	John Mac	e Jr			DEPUTY MEDICA Address (Street,	100		1	
22	BURIAL, CHEMATIO		OF 2	22c. NAME OF CEMETE	RY OR C			TION (City, town, o	or country)	(Stata)
	REMOVAL (Specify) Burial	4/8/6	7 F	East New 1	Mari	ket Cem.	Fost	Now Max	leo+	Don Ma
2	FUNERAL DIRECTO		)T   +	ADDRESS	M.GAZ. J		East C'D BY REGIST		Ket.	Dor., Md.
	Villoughb		Sen	vice East	Ne		Mgan 1 (		arthur &	4.
-	TTTORBID	J Lanca a.	- 501	1200 2000		TOATE	- Stall I	, vi	2	



15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DATE

ON A FARM?

YES NO

Year

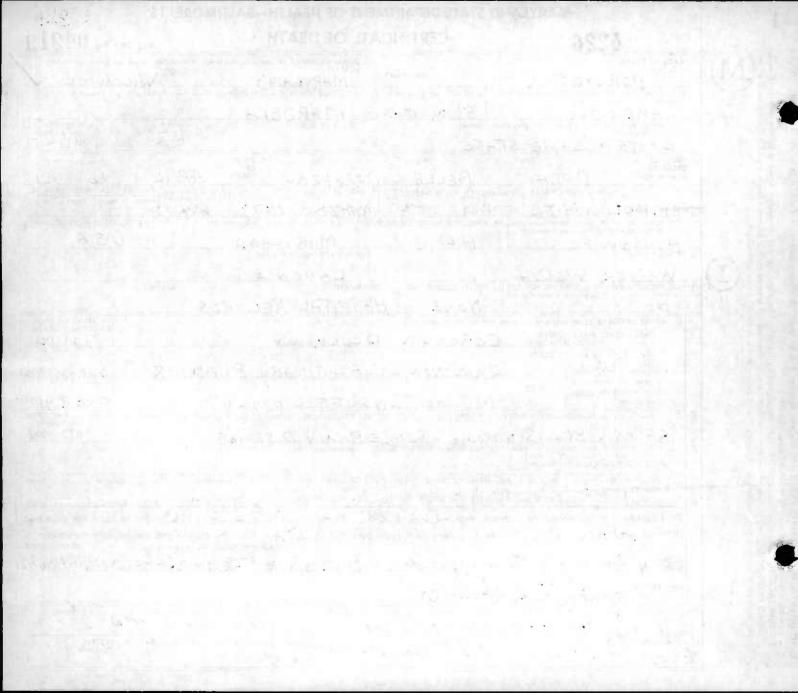
191

WAS AUTOPSY PERFORMED?

YES NO'Y

(State)

(State)



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

Reg.			()	4	2	2	1
Red.	Dist.	No.			re		1

422	7	CERTIFICA	ATE OF DEATI	Н		Reg. Dist. No	1146	COU
1. PLACE OF DEATH o. COUNTY	Dorcheste	r MARYLAND	2. USUAL RESIDENCE (W o. STATE Marv		lived. If institution b. COUNTY	Dorche		
b. CITY OR TOWN (If RURAL and give new Cambr	outside corporate limits, wri arest tawn)		c. CITY OR TOWN (IF		ote limits, write RI			
OR INSTITUTION	M (If not in hospitol, give str bson Street		d. STREET ADDRESS 12 Do	obson	Street			DENCE FARM? NO X
3. NAME OF DECEASED (Type or print)	Ida Ma		ster	4. DATE OF DEATH	Apr:	11 25		eor 9 61
Female Female	Negro wind	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Oct. 21,	1897	lost birthdoy) 63 yrs.	Months Doys	Hours	Min.
during most of worki House	ing life, even if retired)	Housewife	Dorches  Mother's Maiden	ter Co		12. CITIZEN	JSA	COUNTRY?
A	Ifred Payt		INFORMANT	Mary	Brown	eu		
No III	f yes, give war or dates of service)	None A	lice Jacks	on, Ca		e, Mary	land	
Canditians, if an gove rise to in couse (a), stating the lying cause lost.	nmediate ( DUE TO							
PART II. OTH  PART II. OTH  200. ACCIDENT WA  OR CONTRIBUTING  (IF EITHER, NOTIFY I	ER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1(0)	PERFO	NO
	S UNDERLYING [] 206.  CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port	Il of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	w	d. INJURY OCCURRED hile Not while fo work of work	ACE OF INJURY (Home, farm ctory, street, office bldg., etc	n, 20f. (City	or town)	(County	)	(State)
actual SIGNATURE PHYSICIAN'S T	Lalve fr	esin	ry , 1961 , to A a cocurred at 1p	M, fram ADDRESS (St	the causes a reet, city or town,	nd an the do	ate state	
PHYSICIANS NAME (Type)  70. BURIAL, CREMATION REMOVAL (Specify) BURIAL		22c. NAME OF CEMETERY C	or crematory		ION (City, town, o		(Stote	:)
23. FUNERAL DIRECTOR'S		ADDRESS	24a. REC	D BY REGIST	RAR 24b. REGIS	TRAR'S SIGNATU	JRE	

VS A15 (4) 15M 9/SS

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RYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4220

## **CERTIFICATE OF DEATH**

114929

	44 PG No e1			Keg.	DIST. NO. () I CHO
1. PLACE OF DEATH			2. USUAL RESIDENCE (Who	ere deceased lived. If institution, Res	idence before admission)
0. COOM11	Dorchester	MARYLAND	Maryl	and b. COUNTY Do	rchester
b. CITY OR TOWN RURAL and give	(If outside corporate limits, writ	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corporate limits, write RURAL a	nd give nearest town)
Cambr	6 19	Life	Cambr	idge	
d. NAME OF HOSP OR INSTITUTION	ITAL (II not in hospital, give stre	et address)	d. STREET ADDRESS		e. IS RESIDENCE
Cambr	idge Marylan	d Hospital	/ 407 H	High Street	YES NO
3. NAME OF DECEASED (Type or print)	Bertie Payto	n Stafford Ha	lost	4. DATE Month OF DEATH APTIL	Day Yeor 14. 1961
5. SEX			B. DATE OF BIRTH	9. AGE (In years IF UN	DER TYEAR IF UNDER 24 HRS
Female	Negro wind	WED DIVORCED	Aug. 20. 19	102 fast birthdoy) Manti	hs Doys Hours Min.
100. USUAL OCCUPAT		%. KIND OF BUSINESS OR INDU		or loreign country) 12.	CITIZEN OF WHAT COUNT
	tress	Seamstress	Dorchest	er County, Md.	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN N		
	Charles Pay	rton	F	Hariett Mc Nam	nara
S. WAS DECEASED EV		16. SOCIAL SECURITY NO. 17.		Address	-0.2
No		14-07-8842	William Hart	. Cambridge, N	Maryland
18. CAUSE OF DE	ATH [Enter only one couse per				INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY:	Cerebral Va	scular Hemo	rrhage	ONSET AND DEATH
144	DUE TO				
Conditions, if	ony, which ) (b)	Hypertensive	Cardiovascu	lar Disease	
gave rise to	immediate Dus TO				
lying cause lost					
PART II. OT	THER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WORLD OR CONTRIBUTION (IF EITHER, NOTIF	AS UNDERLYING 20b. D G CAUSE OF DEATH Y MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of item 18.)	
20c. TIME OF INJU Hour o. m. p. m.	10 Wh		ACE OF INJURY (Home, form, clory, street, office bldg., etc.)		(County) (State
21. I certify t	hat I attended the dece	ased from April 10	1961 ta Ap	ril 14. 101 that	I last saw the deceas
alive on_Ap		/-		M, from the causes and a	
	761 V			ADDRESS (Street, city or town, state)	DATE SIGN
ACTUAL	Re Jan	W	Mp 227 Pin	e St., Cambrid	ge 4-15-6:
PHYSICIAN'S NAME (Type)	J. Edwin Fass	sett, M.D.	The state of the s		
220. BURIAL, CREMATI		22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, tawn, or coun	ty) (State)
Burial	4/16/1961			Cambridge, Ma	
23. FUNERAL DIRECTO		ADDRESS		BY REGISTRAR 24b. REGISTRAR'S	
Kechert	Mittlaus	Cambr:	idge, Md DATE AF	PR 20'61 arthur	8. Kraus
wondy !	1 Million	Camini.	Luge Indiante at	Il 2 0 01	a. Mana

may be retained the haspital or attending physician.

TO FUNERAL DIRA OR: After this certificate has been signed by the attending physician and campletely filled in by the Tuneral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

STTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

death. Page 4

TO HOSPITAL OF VS A1S (4) 15M 9/SS

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MARY MAND STATE DEPARTMENT OF HEALTH-DAITINGS

# MARYLAND STATE DEPARTMENT OF HEALTH 4230 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

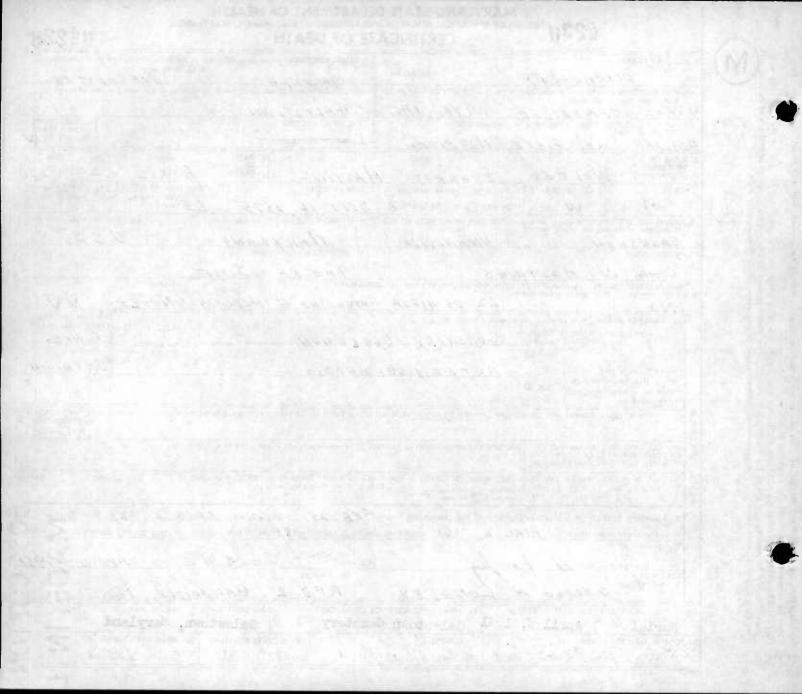
04223

				0 -10 -0
1. PLACE OF DEATH a. COUNTY	n MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE	b. COUNTY	
b. CITY OR TOWN (If outside carporate lim RURAL and give nearest town)		c. CITY OR TOWN (If outside corp		ve nearest tawn)
RURAL CAMBRIDE	E IYR. IMO.	X GALESTOWN		
d. NAME OF HOSPITAL (If not in hospital, a OR INSTITUTION EASTERN SHORE STATE	11	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
		Lost 4. DATE	14 - 4	
3. NAME OF DECEASED (Type or print) WALTER	FVERETT I	HASTINGS 4. DATE OF DEAT	H APRIL	Day Year 2 196/
5. SEX  6. COLOR OR RACE  W	7. MARRIED NEVER MARRIED NIVORCED DIVORCED	B. DATE OF BIRTH  SEPT. IL, 1875	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YEAR IF UNDER 24 HRS Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark during most of working life, even if retired	dane 10b. KIND OF BUSINESS OR INDU		country) 12. CITIZ	EN OF WHAT COUNTRY
SALESMAN	UNKNOWN	MARYLAN	0	! S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
UDHN W. HAST	INGS	THEORA S	MOST	
S. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no, or unknown)   (If yes, give war or dates of		NFORMANT	Address	
No	221-03-4162A	KATHERINE H. HOP	KINS NOTEE	y. N. J.
1B. CAUSE OF DEATH [Enter only one co	ouse per line for (o), (b), and (c).]		THE OWNER OF THE CO	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	CORONARY O	ar i usioni		6 W55.
420.1 DUE TO				
Conditions, if ony, which	ARTERIO SCI	ER0515		UNKNOWN
gave rise to immediate Couse (a), stating the under-				
lying couse lost.	c)			
PART II. OTHER SIGNIFICANT CON  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	nditions <u>contributing to death</u> bu	T NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in Part I or P	art II of item 1B.)	
20c. TIME OF INJURY Month, Doy, Ye Haur o. m. 19 p. m.		LACE OF INJURY (Home, farm, 20f. (Coctory, street, office bldg., etc.)	ty or town) (Co	ounty) (State
21. 1 certify that (I) (this hospita	) attended the deceased fram.	FEB 25 1960, to	APRIL 2, 196,	(, that (I) (we) las
saw the deceased alive an_A	PBIL 2 1961, and that	death accurred at RP.M. from	n the causes and an the	date stated above
22a. SIGNATURE	1. 1	ATTENDING MED	STAFF	22b. DATE SIGNEI
22c. PHYSICIAN'S	my my	M.D. PHYS. DIRECTOR E	rnts.	PK12 2, 196
NAME (Type) GEORGE	H. LONGLEY	RFDZ, C	AMBRIDGE . M.	· · · · · · · · · · · · · · · · · · ·
23a. BURIAL, CREMATION, 23b. DATE THERE	OF 23c. NAME OF CEMETERY (	OR CREMATORY 23d. LOC	ATION (City, town, or caunty)	(State)
Burial April 5	, 1961 Galestown C	emetery Gal	estown, Marylan	nd
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2So. REC'D BY REG		
X. X. Franceton & Son	Lederal steers Ware	land DATEPR 10'	61 Cathur & +	Yanus A

TO HOSPITAL OR ANTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after ath. Page 4 may be retained the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the State Board at Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

VR A1S (4) 1SM 9/59



VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 4231

	1)	1	9	9	1
_	1		1	1	34

-	<u> </u>	11-5/64
1.	1. PLACE OF DEATH DOLCHESTEY, MARYLAND 2.	o. STATE MUZICANO b. COUNTY DO TEHESTER.
	b. CITY OR TOWN (If outside corporate limits, write RUBDL and give neprest town) Cambara 6 21 39 e - 31 nee 10/25/57	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Macli 2011, MARY LAWD.
	d. NAME OF HOSPITAL (If not in Hospital, give street address) OR INSTITUTION ECOTERN SHOTE State HODPital.	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \) NO!
3.	3. NAME OF DECEASED (Type or print)  970CL ESTELLE	Hazzington DEATH april 15 1961-
S.	S. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. D	ATE OF BIRTH 9. AGE (In years   IFUNDER 1 YEAR IF UNDER 24 HRS.   9. AGE (In years   IFUNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.   Min.
L	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, exen if retired)  HOUSE HILE.  HOUSEW IFE	Maryland. U.S.A.
13.	13. FATHER'S NAME 1 Frank Schepler.	& Cizabeth FOOD.
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service) (If yes, give war or dates of service)	Hospital Records.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gove rise to immediate cause (a), stating the under-lying cause lost.  (b)  DUE TO  Lying cause lost.	arteriosclerosis mith onser and death over sever. 725
CATION	CATIC	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \subseteq \text{ NO [SL]} \)
		inter noture of injury in Port I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m.  p. m.  19 While Not while at wark at wark	OF INJURY (Hame, farm, 20f. (City or town) (County) (State), street, office bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased fram. 10 saw the deceased alive an April 15 1961, and that deal	1957, ta 7/15 1961; that (I) (we) last th accurred at 7 M, fram the causes and an the date stated above.
	Simon Vinculi M.D.	ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS.
	PAME (Type) SIMON VIRKUTIS.	Eastern SHOTEST. Hospital, Cameridge 4/15,
23	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CE	NECHURCH MADISON (Stole)
24 L	24. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS AMBRI  LE COM DIE E CONTERDI SIEVEUSE	DATE APR 1 8 '61 CALLING & Trans

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AIM CALL			

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CER	RTIFIC	ATE	OF	DE/	ATH

04225

	423% CERTIFIC	Ale OF DEATH
	1. PLACE OF DEATH a. COUNTY Dorchester MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Dorchester
(M	b. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest tawn) Cambridge  5 months	East New Market - Rural
67	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Cambridge-Maryland Hospital	d. STREET ADDRESS Thompsontown  6. IS RESIDENCE ON A FARM? YES \( \sum \) NO (\frac{1}{2})
	3. NAME OF First Middle Edith Edith	Henry Lost 4. DATE OF DEATH April 29 Day Year 61
	S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  WIDOWED DIVORCED	Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind af wark dane during mast af warking life, even if retired)  Housework  Hone	Hurlock, Maryland U.S.A.
T	13. FATHER'S NAME  Eugene Coleman	Susie A. Harris
(1)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 (1985, no, or unknown) (1995, no) or unknow	Mrs. Bertha Dockins, East New Market, Md.
	gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO  (c)	Arteriosclerotic Heart Disease  BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
6	САТІС	PERFORMED? YES NO NO NO NOTE: NOTE: NO NOTE: NOT
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e While Nat while at wark at wark 19	P. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State factory, street, affice bldg., etc.)
2	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on April 29 19 61 and the 22a. SIGNATURE (IAN'S NAME (Type)  J. Edwin Fassett M.D.	Im January 1, 1961, to April 29, 1961, that (I) (we) last death accurred at: 50 MP AM the causes and on the dote stated above ATTENDING MED. DIRECTOR STAFF PHYS. 5-2-61  22d. ADDRESS  227 Pine St. Cambridge Md.
2	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	
11),	24. FUNERAL DIRECTOR'S SIGNATURE Son, Federal Spurg, Ma	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

pletely filled in by the funeral \*\*\* SADING PHYSICIAN: The law requires that the death certificate be the haspital or ottending physician.

OB. After this certificate has then stand by the attending physician or TO HOSPITAL OR may be retained

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by the funeral iding physician and completely filled in please remove carbon papers. Pages 1 and in any event, within 72 hours after

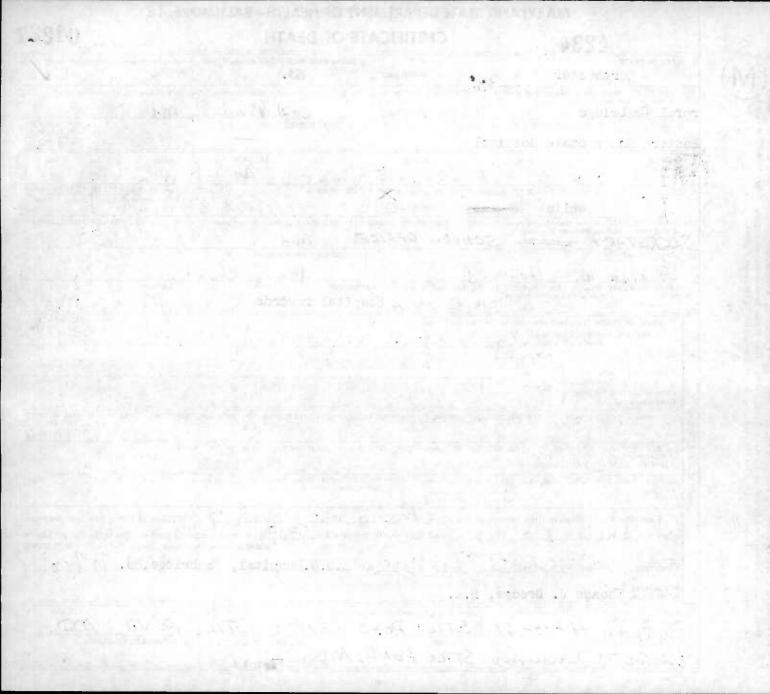
ATTENDING PHYSICIAN: The law requires that the death certificate be

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TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the		he		OE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

		<b>10000</b>		CERTIFICAT	LE O	F DEATH				()	422	6
1.	PLACE OF DEATH				2.	USUAL RESIDE	NCE (Where			sidence	before e	dmission)
		chester		MARYLAN	ID	a. STATE Maryla	and	b. COUN		ch-	ester	
	b. CITY OR TOWN (if	outside corporeta lim give neerest town)	its,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN	(If outside co	prporata limits, write	RURAL end	give n	eerest tow	/n)
	Cambrid			10 Years	X	Cambri	ldge					
	d. NAME OF HOSPIT	AL OR INSTITUTION	(if not in hosp	itel, give street eddress)		d. STREET ADDRES	S					ESIDENCE A FARM?
	R.D. 2					R.D. 3	2				YES [	
3.	NAME OF DECEASED	First		Middle		Last	4. DATE	Month		Dey	Year	
	(Type or print)	Lewis		Henry		Hickman	DEAT	H April /	196		19	
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	1 8. DA	TE OF BIRTH		9. AGE (In yeers			IF UNDER	
M	ale	White	WIDOWED	DIVORCED	Fel	ornary 23	1918	last birthday) 43 yrs.	Months D	ays	Hours	Min.
	. USUAL OCCUPATI			D OF BUSINESS OR IND					12. CITIZ	EN OF	WHAT	OUNTRY
	na during most of wor dio Operat			ice	8	Easton	. Md.			Ħ	.S.	
	FATHER'S NAME				14.	MOTHER'S MAIDE			1		A.1./A	
	Ħ	rank L. Hi	ckman		27	G.Mvrt	la Wilmin	10.30				
	WAS DECEASED EVE	R IN U.S. ARMED FO	RCES?   16. S	OCIAL SECURITY NO.	17. INF		LE HACHU	Address				
(10	Yes (If	Jorld War 1		1-10-2853	Marc	Edith S.	Wi olemow	Cambasida	3/2	ъ.		
_	75		e cause per lir	ne for (e), (b), and (c).]	mr'o •	WILL COL	HUKINGI.	1917 TOP	, 100		RVAL BET	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion										inut	
	420.1 DUE TO											
	Coronany colorada								2months +			
	geve risa to mme diete ceuse  (a) the time the model of the course of th											5001
	(e), steting the ur	nderlying (c										
z				RIBUTING TO DEATH BU	T NOT RE	LATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PART	(a)   19	. WAS A	UTOPSY
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR  Patient had Myocardial infarction 2-28-61 and 3-6-61									PERFORMED?		
IFIC/	20a. ACCIDENT WA	AS UNDERLYING TT		RIBE HOW INJURY OCC				t II of item 18.)		-	- L	110 101
CERT	OR CONTRIBUTING	CAUSE OF DEATH			Non							
	20c. TIME OF INJUI			NJURY OCCURRED   20e		OF INJURY (Home, fa	arm, : 2Df. (C	City or town)	(Coun	ty)		(State)
MEDICAL	Hour a.m.		While et work	Not While		street, office bldg., e						
Z	p.m.				2	28.61	10	1. 1. 6	1 10	.1	. (1)	(3/3/)
				ed the deceased fr								
8.		ed alive on		19.61 , and	that de	ath occured at.		om the causes	and on th	e da		DATE
	220. SIGNATURE	. 0 . 71	1,9	2011		ATTENDING	MED. DIRECTOR	STAFF PHYS.			4	SIGNED
1	22c. PHYSICIAN'S	celys /1,	W	off	M.D.	PHYS.	DIRECTOR	∐ гпіз. ∐			7	206/
	NAME (Type)	nidea II Ma	166 M .	000				0 1 11		4	1	
22	BURIAL, CREMATIC	ridge H.Wo		23c, NAME OF CEMET	FRY OF	PEMATORY		Cambridge				tote)
23	REMOVAL (Specify)	April 7		Windy Hill	Ceme			ndv Will.			13	,
2.4	SUNERAL DIRECTOR		,0	ADDRESS	Opino	-	REC'D BY REG		GISTRAR'S SI	GNAT	I ND F	
24	CHEKAL DIRECTOR		The man	Cambridge,	3.6				Littun S.			
	ferre	menol	noau	Truge,	Ma	DATE	APR 1 0	01				

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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4			MB (W 5/ 3/							
1		PLACE OF DEATH	RCHESTER	MARYLAN	g. STATE	DENCE (Where deceased)	b. COUNTY	Residence befare admission)  A1 Rot		
	ŧ	b. CITY OR TOWN (IF	autside carporate limits, wr	ite c. LENGTH OF STAY IN 1	b c. CITY OR	TOWN (If autside carp	orate limits, write RURA	L and give nearest tawn)		
		RURAL and give ne	RIDGE	3 MONTHS	AX	FORD				
,	(		AL (If nat in haspital, give st		d. STREET			e. IS RESIDENCE ON A FARM?		
)	E	ASTERN SI	YORE STATE	HOSPITAL	Mo	RRIS	50X	YES NO		
		NAME OF DECEASED (Type ar print)	L/AZ P.S.	Middle	112	4. DATE OF DEATH	Month A Doil	Day Year 19 6 1		
	S. S		6. COLOR OR RACE 7.	MARRIED 🕅 NEVER MARRIED	B. DATE OF BIRT	DANU	1/1/1/2	UNDER 1 YEAR IF UNDER 24 HRS.		
		TALE		OWED DIVORCED	Maria	lean		anths Days Haurs Min.		
	-		01/11/2	10b. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHP	LACE (State ar foreign		12. CITIZEN OF WHAT COUNTRY?		
		during most of work	ing life, even if retired)	FISHING		ARYLAN		1/50		
1		MATERN FATHER'S NAME	1A'Y	PI3HINIL		S MAIDEN NAME	Y_D_	<u> </u>		
		1-110	11. RRADA			MA GOT	PUDAN			
1	15.	WAS DECEASED EVER	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 11	, INFORMANT	MAGUN	Address	-71 -1 - 1 - 1 - 2 -		
	{Yes	, no. or unknown)	If yes, give war or dates of service)	219 142750	HOSPIT	AL REC	ORDS.			
		18. CAUSE OF DEA	TH   Enter only one cause p	per line far (a), (b), and (c).]	1100171	A- MEY	105.	INTERVAL BETWEEN ONSET AND DEATH		
		PART I, DEATH WAS CAUSED BY:								
		180	DUE TO	C/-1/C1100112		· · · · · · · · · · · · · · · · · · ·		CALL DIVINO		
		Conditions if any which								
		gave rise to immediate (10)								
		cause (a), stating t lying cause lost.	he under-							
	Z	, (c)								
	CERTIFICATION	CHRONIC BRAIN SUNDROME- CEREBRAL HEMORRHAGE PERFORMED? YES NO								
1	TIFIC	20g. ACCIDENT WA	S LINDERLYING TI 206	DESCRIBE HOW INJURY OCCU						
		(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)							
	MEDICAL	20c. TIME OF INJURY	/ Month, Day, Year 2	0d. INJURY OCCURRED 20e.	PLACE OF INJURY		ty ar tawn)	(Caunty) (State)		
	MED	Haur a.m. p. m.		/hile Nat while	factory, street, affic	e blag., etc.)				
			t (1) (this haspital) at	tended the deceased fra	MJANI	3 1061 to	APRIL 15	19.61, that (1) (we) last		
		saw the deceas	100.			0.84		an the date stated above.		
		22a. SIGNATURE	00 01110 011111111111111111111111111111	Control of the contro	deani decorre	a difficient, man	Time eduses and	22b. DATE		
		Harry	- 9. Topans	lord	M.D. ATTENDIN	MED.	STAFF PHYS. A	1216 1961 SIGNED		
		22c. PHYSICIAN'S NAME (Type	0 -1	,	22d. ADDR	ESS		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		H. H.	ARRY J. C.	RAWFORD	EAST	ERN SHORE	STATE HOS	P CAMBRIDGEM		
	23a	BURIAL, REMATION (Specify)	N, 23b. DATE THEREOF	23c. NAMS OF GEMETER	Y OR CREMATORY		ATION (Gity, town, or c			
	24.	ENTERAL DIRECTOR	SIGNATURE	ADORES	200	2So. REC'D BY REGIS	STRAR 256. REGISTR	AR'S SIGNATURE		
	1	Velles	Sect	Leastry	· Men	DATE APR 1 8	161 and	hur S. Kruna		

TO HOSPITAL OR AZENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after that page 4 may be retained. Be haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/59

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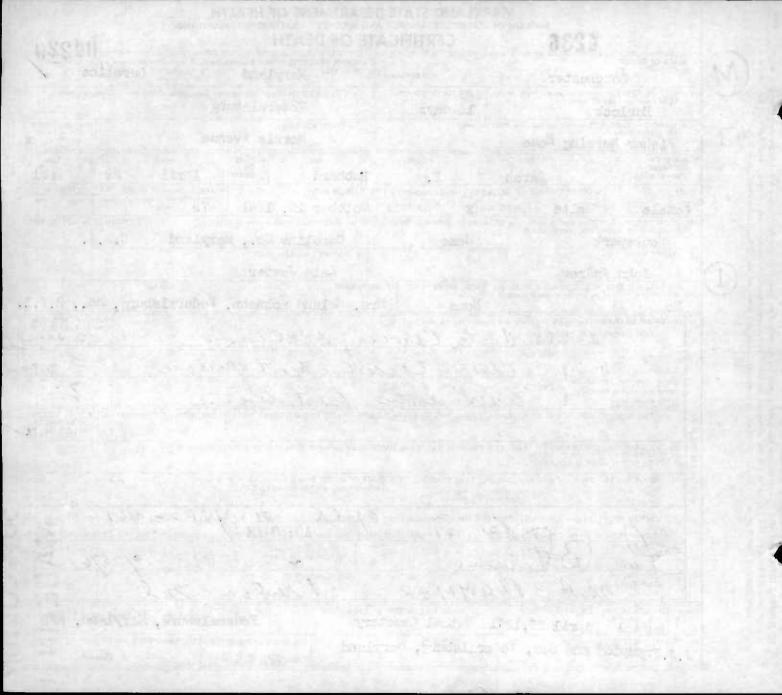
### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1,995 CEPTIFICATE OF DEATH

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esidence	befare	od	miss	ion)	U	/

ほんりり		CERTITIO		OI DEAII				114920
1. PLACE OF DEATH a. COUNTY Dorchester		MARYLAN		STATE Mary	here deceased	lived. If institution b. COUNTY	Residence b	
b. CITY OR TOWN (If autside carporate limits RURAL and give nearest tawn)  Hurlock		ENGTH OF STAY IN 1	Ь	E CITY OR TOWN (IF	autside corpora		RAL and give	nearest tawn)  5 X
d. NAME OF HOSPITAL (If not in hospital, given or institution  Fisher Nursing Home	ve street addre	ess)		d. STREET ADDRESS  MOTT	ris Ave	mue		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Sare		Middle	Hu	lost	4. DATE OF DEATH	April	22	Day Year 1961
s. sex  Female  6. COLOR OR RACE  White	7. MARRIED [			tober 10,		9. AGE (In years last birthday) 79 yrs.	Manths Day	EAR IF UNDER 24 HR ys Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark do during mast af warking life, even if retired) Housework		OF BUSINESS OR IN		Caroline	Co., M		U.S	A.
13. FATHER'S NAME			14	MOTHER'S MAIDEN				
John Andrew				Kate Jes	ster			
15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no, or unknown) (If yes, give war or dates af ser	vice)	one	Mrs.	Roland Jo	ohnson,	Federals		Md., R.F.
PART I. DEATH [Enter anly one cau PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).  Canditians, if any, which gave rise ta immediate cause (a), stating the under.  Lying cause last.	Chro	- P.	ser ged	y occle time her heart o	usio ut fo	ulari	,	5 ye
PART II. OTHER SIGNIFICANT COND	ITIONS <u>CONT</u>	RIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	AINAL DISEASE	CONDITION GIVE	N IN PART 1(c	19. WAS AUTOPS PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE	HOW INJURY OCCU	RRED. (En	ter nature of injury in	Part I or Part	II af item 1B.)		
Y 20c. TIME OF INJURY Manth, Day, Year Haur a. m. 19	While	Y OCCURRED 20e. Nat while at wark	PLACE ( factory,	OF INJURY (Home, far street, affice bldg., e	m, 20f. (City	ar tawn)	(Caun	nty) (Stat
21. I certify that (I) (this hospital) saw the deceased alive and 22a, SIGNATURE  22a, SIGNATURE  22c, PHYSICIAN'S NAME (Type)  DR. H. B		the deceased fra 1961, and the	at death	ATTENDING PHYS.				that (I) (we) la ate stated abave 22b.DATE SIGNE
23a. BURIAL, CREMATION, REMOVAL (Specify)  April 25,	1961 I	NAME OF CEMETER Bethel Ceme			Fede:	ralsburg,	Maryl	and, RFD
24. FUNERAL DIRECTOR'S SIGNATURE Son, J.J. Framptom and Son,	Federa	Isburg, Ma	ryla	HC.	PR 2 8 '6		TRAR'S SIGNA	



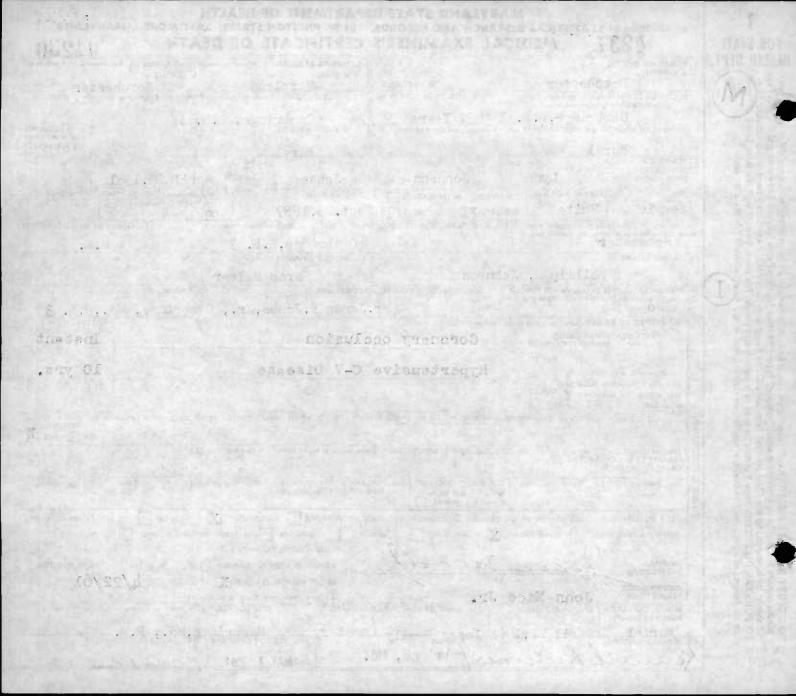
# FOR STATE HEALTH DEPT TO DEPUTY M. (AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is researy, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Hapin or its designated agent, prior to burial, cremation, or removal, and in any exect within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

<b>Division of STAT</b>	TISTICAL RESEAR	CH AND RECORDS,	301 W. PRESTON S	TREET,	BALTIMORE 1	, MARYLAND
4237	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF I	DEATH	0423

	CE OF DEATH					2. USUAL RESIDENCE  a. STATE	CE (Where de	ceased lived, l b. COL		sidence befo	re admission)
		rchester		MARYLAN	ND	Marvl.	and	b. COC	* 1	ester	
	rite RURAL and	outside corporete lim giva nearest town)		c. LENGTH OF STAY IN	V 1b	c. CITY OR TOWN (I	If outside corpo				town)
d. N	AME OF HOSPIT	nbridge, F.	if not in hos	spitel, give street eddress)		d. STREET ADDRESS	idge, I	R.D. I		[ e. [	RESIDENCE
	Run					/ Rural					N A FARM?
	EASED	First		Middle		Lest	4. DATE OF	Mon			Yeer
	or print)	Lyda		Johnson		Jones	DEATH	April	20,196		19
5. SEX			7. MARRIE	ED NEVER MARRIED		DATE OF BIRTH	9.	AGE (In yeer lest birthday)	Months De	EAR IF UN	DER 24 HRS.
I.e.	nale	White	WIDOW	DIVORCED	]  S	ept.23,1889		71 yrs.		75	7,1111
10e. US done du	UAL OCCUPATION OF WORLD	ON (Give kind of working life, even if retire  2	k 10b. K	CIND OF BUSINESS OR INE	DUSTRY	11. BIRTHPLACE (State Cambridge, I		ntry)	12. CITIZ	U.S.	AT COUNTRY?
13. FAT	HER'S NAME					4. MOTHER'S MAIDEN					
		Phillip M.	John	son		Saral	h Palme	r			
15. WA	DECEASED EVE	R IN U.S. ARMED FO	RCES?   16.		17. IN	FORMANT		Addre	\$5		7303
(Yes, no.	NO (If	yes give war or dates of	service)		Mr.	James R.Jone	es.Jr	Cambri	idge. Me	d.R.T	. 3
18.	CAUSE OF D	EATH [Enter only on	e cause per	line for (a), (b), and (c).]			, , ,			INTERVAL	BETWEEN
		WAS CAUSED BY:		Coronary	occ	lusion		Man		Ins	tant
Con	420-1 ditions, if eny,	DUE TO		Hypertensi	ve	C-V Disea	se			10	yrs.
gev	e rise to immedia	ete ceuse					13-04	1 63	-5%/1		5 1.49
	se lest.	) (c	)								
ATION	PART II. OTHER	SIGNIFICANT COND	ITIONS COI	NTRIBUTING TO DEATH BU	UT NOT	RELATED TO THE TERMIN	NAL DISEASE	CONDITION G	IVEN IN PART 1		S AUTOPSY REORMEDZ NO
PRI	EXTERNAL CA		20b. DESCR	RIBE HOW INJURY OCCUR	RED. (En	ter nature of injury in Par	tlorPartllof	item 18.)	KASS		
WEDICAL 200	Hour a.m.	RY Month, Dey, Yo	er 20d. While	eNot While		E OF INJURY (Home, ferm y, street, office bldg., etc.		or town)	(Count	у)	(State)
1		.,,	of the ren	nains described above	e, held	an Autopsy ,	Inspection	Inqu	iry ,	and in my	opinion
	ath resulted for				Suicio		_	determined	manner		63FE-1
		0	Las		1	CHIEF MEDICAL					
	TUAL	V	_ 2	max		ACCICTANT MED	_	ER 🗆		DATE	SIGNED
	NATURE	10		7		_ M.D. DEPUTY MEDICA			11/2	22/61	
	AMINER'S	John Ma	ce J	r.		Address (Street,			4/ 5	-/-	
22a. BUR REA	IAL, CREMATIO	N, 22b. DATE THER		22c. NAME OF CEMETE	RY OR				rn, or country)	(	Stete)
	urial	April 22	,1961	Jones Famil	J C	emetery 24a. REC	Cambr	idee Mo	GISTRAR'S SIG	NATURE	
Ke	wet		core	combridge,	Md.				relies & +		
										A PERSON	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. (1423 4238 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY b. COUNTY Dorchester MARYLAND Maryland b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give negrest town)
Cambridge-kural Life Cambridge-Rural d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Cambridge Maryland Hospital RFD YES NO NAME OF DECEASED Middle Last 4. DATE Month Day Year OF DEATH (Type or print) Kane Naamon April 19 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH 9. AGE (In years lost birthday) Manths Doys Hours Male Negro WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Farming Dorchester County Md 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Kane Sarah 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. No Cinderella Kane, RFD 2, Cambridge, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIGHTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES [7] NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, farm, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stole) factory, street, affice bldg., etc.) Haur a. m. While Not while at work at wark 1961, that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 1:30 alive on \_M, from the causes and an the date stated above. ACTUAL PHYSICIAN'S NAME (Type) BURIAL, CREMATION. 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Burial Hughes Mission Ceme. Dorchester County 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR

Cambridge . Md.

APR 1 0 '61

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			An ecologic section		- allen		
				Figure 14 3	471.541897		

FOR STATE FALTH DEPT und be executed within 24 hours after death. If any delay is essary, in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page Office along with form PM3. Page 5 may be retained for your files. ourlal-transit permit. File pages 1 and 2 with the State Board of Health, lovel, and In any event within 72 pours efter death. Office along with form burial-transit permit, File This certificate should be executed removal, "pending" certificate, writing the word "pending" rded to the Chief Medical Examiner's 10 SBS PO cremation, pe should ease execute the certificate, should be forwarded to the FUNERAL DIRECTOR: designated DEPUTY

### RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission Dorchester b. COUNTY Dorchester MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporete limits. c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest lown) Federalsburg Federalsburg yrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? R.F.D. YES NO X 3. NAME OF Middla DATE Month Day Yoar DECEASED John (Type or print) Henry Kesslar DEATH 61 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 5. SEX B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 78 vrs Months 1882 Male WIDOWED DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA IE (Slata or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if relirad) chef in hotels Food MUNICIPAL Switzerland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) Federalsburg, Md. Unknown Roland Wright 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion Instant IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (a), stetling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO Y 20a. FXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH.

CERTIFICATION MEDICAL 20a, PLACE OF INJURY (Homa, ferm, ! 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20f. (City or town) (County) (Slata) factory, streat, office bldg., alc.) Hour a.m. Not While al work el work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X Inquiry and in my opinion

death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE

DATE SIGNED DEPUTY MEDICAL EXAMINER Address (Streat, city, town, or county)

NAME (1990)

John Mace Jr.

Addi

228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery

22d. LOCATION (City, town, or country) (Stele) Federalsburg, Maryland

23. FUNERAL DIRECTOR J.J. Framptom and Son, Federalsburg, Maryland

24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 1 0 '61 arihur & Thous DATE

VS. A15ME 5M 7/59

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EXAMINED'S NAME (Typa)

REMOVAL (Specify)

Burial

Douglaster The Lycale Bayers; sours 9. . 0. 7. 8 3 . . . . melesell world TILOS DY LOBEL 38, LOBEL YE 0.7.40 one full and a series So drawn to entail to boo's . . . . throma nu abil arguminations shally breich income Joseph Toll \*c., coll mich The first test to the state of the first test to the state of the stat

VS. A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. () 4233

1. PLACE OF DEATH O. COUNTY DORO	CHESTER, CO	•	MARY	LAND	2. USUAL RESID				Y DORC			
CAMBRIDGE	outside corporate limits, write MARYLAND	RURAL	c. LENGTH OF STAY  3 DAYS	IN 1b	A			ND, R.	RURAL ond	give no		
	MARYLAND H			s)	d. STREET AC	DDRESS					ON A	FARM?
3. NAME OF DECEASED (Type or print)	MARAGA!		BRANNOCK	MI	LLS		DATE OF DEATH	Mont 4	h	Doy 13	Yec 19	61
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIEI	NEVER MARRIED	-	DATE OF BIRTH /18/1912	2	9.	AGE (In years and birthday)  yrs.	Months [	YEAR		24 HRS. Min.
HOUSEWIFE"	ON (Give kind of work og life, even if retired)		ND OF BUSINESS OR SEWIFE	INDUSTR	MARYI		r fareign coun	lry)		U.S	.A.	DUNTRY?
13. FATHER'S NAME LEVIN W.	BRANNOCK				14. MOTHER'S M		ME GORE					
15. WAS DECEASED EVE	R IN U. S. ARMED FOI	aurica)	OCIAL SECURITY NO.		CARL MI	ILLS F	R.F.D.	# 2, C	AMBRID	GE,	MARY	LAND
PART I. DEAT	liate cause	T	or (o), (b), and (c). ] OR IDEN P	OIS (	ONING					INTER	val Between r and Death 3 da	4
PART II, OTH  200. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	ER SIGNIFICANT CONI	DITIONS COI	NTRIBUTING TO DEAT	1 BUT NO	T RELATED TO T	HE TERMIN	AL DISEASE CO	ONDITION GIV	EN IN PART		PERFORA	
	ISE WAS UTRIBUTING		about 2				ar Port II of i	tem 18.)				
20c. TIME OF INJUR	4-9- 10	61 While	NOT WHILE	HC	y, street, office b	ildg., etc.)	Cami	oridge		nty)		(Stote)
	at I taok charge cesulted from: N						_	ection <b>X</b> , ], Undete		- Laured		in my
ACTUAL SIGNATURE	our ?	ne	cef.		M.D.	DICAL EXA					DATE SIG	NED
EXAMINER'S NAME (Type)	John Ma		•				AMINER AMINER	]		4	/19/	61
220. BURIAL, CREMATIO REMOVAL (Specify) BURIAL	APRIL 15	,	CREENLAT			2		RTDGE.	or county)		(Stote)	
23. FUNERAL DIRECTOR	S SIGNATURE  UNERAL SERV				-	46. REC'D	BY REGISTRAR	24b. REG	STRAR'S SIGI			

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEDTIEICATE OF DEATH

04024

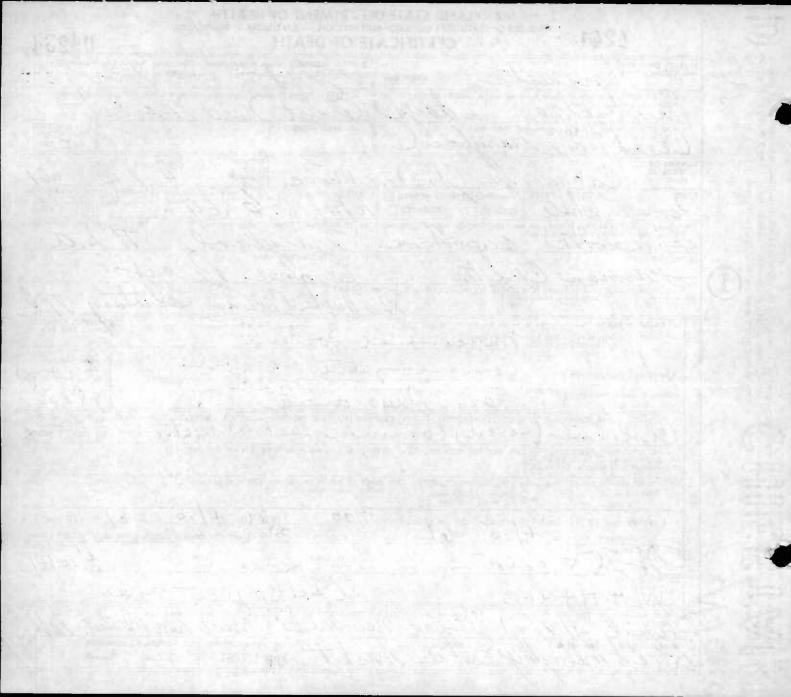
1	CERTIFICAT	IL OF DEATH
)	1. PLACE OF DEATH a. COUNTY Jorchestee MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
7	b. CITY OR TOWN (Moutside corporate limits, write RVRAL and give nearest town)  d. NAME OF HOSPIJAL (If nay in haspital, give street address)  OF INSTITUTION  OF INSTITUTION	c. dIY-OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Out Market  d. STREET ADDRESS  ON A BARM?  YES NO
	3. NAME OF DECEASED (Type or print) Catherine Clifton  S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18	Last  A. DATE OF DEATH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR)
D	100. USUA/OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY
)	13. FATHERS NAME  FULL MAN Clifton	14. MOTHER'S MAIDEN NAME  Committee levely
	18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).]	Malter Collins Seretary Md
)	3 Cholemia (Severe) Comin	A down of related to the terminal disease condition given in Part 1(a) 19. Was autors:  Performed?  Performed?  Vest Classification (Enter noture of injury in Port 1 or Port 11 of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER)  OR CONTRIBUTING	CE OF INJURY (Home, form, 20f. (City or tawn) (Caunty) (Station, street, office bldg., etc.)
	220. SIGNATURE	eath occurred at 31 M, from the causes and an the date stated above  A.D. PHYS.  MED. STAFF PHYS.   MED. STAFF PHYS.   ATTENDING MED. STAFF PHYS.   MED. STAFF PHYS.
/	22c. PHYSICTAN'S NAMB (Typh) H. H. HANKS	CAMBRIDGE M.
8	234 BURIAL CREMATION, 23b. DAJE THEREOF  REMOVAL (Specify)  24. FUNERAL DIRECTOR'S SUSNATURE  ADDRESS  ALLOY MARKET CONTROL OF CEMETERY OR  ADDRESS	23d. (LOCATION (Gity: Jown, or equinty)  Lew Market 23d. (LOCATION (Gi

may be revained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fun page 3 should be detached far use as the burial-transit permit. Then please remave corbon papers. Pages 1 and 2 should the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death. SNDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours aft TO HOSPITAL OR

Poge 4

VR A1S (4) 1SM 9/59



VS A15 (4) 1SM 9/SB

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 tem lc, Film G286 5/1/61 iwk CERTIFICATE OF DEATH

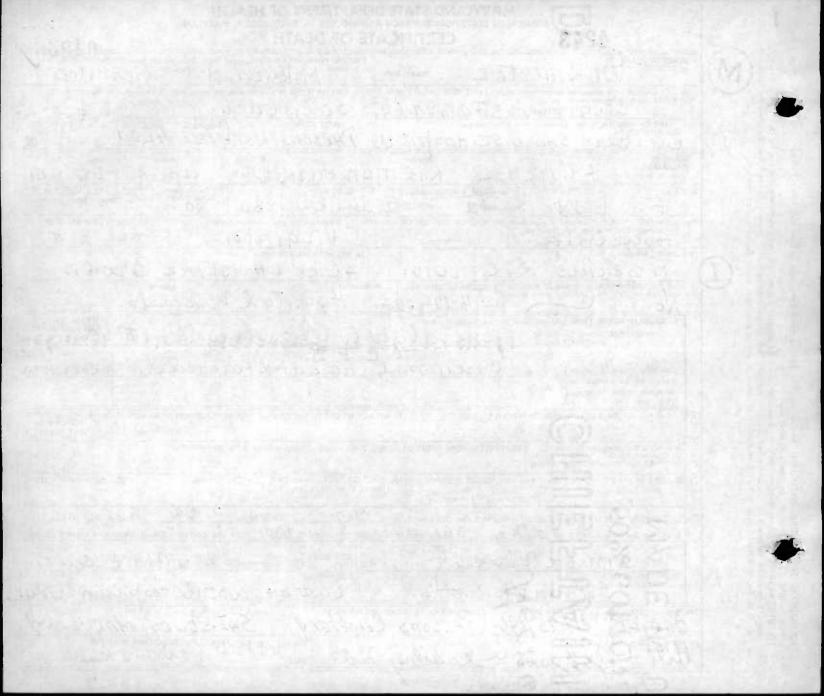
4242

Reg. Dist. No. 114235

X	1. PLACE OF DEATH o. COUNTY	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)     STATE     D. COUNTY								
	Dorchester	MaryLand Dorchester								
F	b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)								
П	rural Cambridge   19 days	Accodocococococococococococococococococo								
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES ON OF THE								
	Eastern Shore State Hospital	DI'OORVIEW YES NO 🖸								
	3. NAME OF DECEASED (Type or print) 200 % a Albertine Middle	Lost 4. DATE Month Day Yeor OF DEATH AND 18 196								
	S. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   White   WIDOWED   DIVORCED	8. DATE OF BIRTH April 3, 1871  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Doys   Hours   Min.								
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS									
Ė	during most of working life, even if retired)	Dorchester Co., Maryland USA								
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
	George W Taine	Albertine Mills								
/	/V	NFORMANT Address								
	None	Hospital records								
	18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH								
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) A TETIO SC	Lerofic Rear								
	4/20.0 DUE TO									
	Conditions, if ony, which) (b) 150	ase Unk								
	gove rise to immediate Couse (a), stating the under-									
	lying cause last. (c)									
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?								
3	CAT	YES NO NO								
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	). (Enter nature of injury in Part I or Port II of item 1B.)								
	2	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)								
	Hour a.m.  P. m.  19  While Not while at wark at work	, and the state of								
	21. I certify that I oftended the deceased from Mail 1965, to Alk 18, 1961, that I lost saw the deceased									
В	olive on Thr 17, 1957, and that death	occurred of 12.35AM, from the causes and on the dote stoted above.								
9	A separation of	ADDRESS (Street, city or town, stote)  DATE SIGNED								
	SIGNATURE homes Ticke M.D. E.S.S. Hospital, Cambridge, Md. 4-18-61									
Ц	PHYSICIAN'S My PROPERTY Description									
	NAME (Type) Thomas J. Dredge									
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF									
	Burial April 21, 1961 Brookview									
	23. FUNERAL DIRECTOR'S SIGNATURE J.J.Framptom and Son, Federalsburg, Mary	land 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE								
	1.9 "LI suit our and bond I odor arapare? , war?	DATE APR 25 '61 Outhur S. Krons								

THE VICTOR STATE benights and receptored Market and the second of the s Market and the contract of the second of the THE PROPERTY OF THE PARTY OF TH

1		1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
	_/		4243 CERTIFICATE OF DEATH
ector,	M	1.	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  3. STATE  4. D. STATE  4. D. STATE  4. D. STATE  5. COUNTY  6. COUNTY  7. STATE  7. D. STATE  7. D. STATE  8. STATE  9. STATE
l dire	MA	L	DURCHESLEZ. MARYLAND
nerd d be			b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CLENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  SCIPIS LOUYUM  2 2 12-3
fter he ft			d. NAME OF HOSPITAL (If not in haspital, give freet address)  d. STREET ADDRESS  ASTREET ADDRESS  Naylor Street on A FARM?  ON A FARM?
by t	011	_	Euro SHOW ST. HOS DITCLE. PARSONS/HOME/MAR/1449// YES NO
n 24 ha illed in	i.		NAME OF DECEASED FLOTEINCE KILMON PATKET, DEATH april 24 1961.
withii	0	S. :	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy)  WIDOWED DIVORCED JULI 21, 1880  9. AGE (In Jears   FUNDER 1 YEAR IF UNDER 24 HRS.   Months   Doys   Hours   Min.   Months   Doys   Hours   Min.   Min.
uted	5 p	10a	. USUAL OCCUPATION (Give kind of wark dane) 10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
exec nd cc	Po		Houserite. — Virginia. U.S.A.
an a	5 T	13.	FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME
ficate ysici	£ (1	15	VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT.  Address
certi g ph	vent	(Ye	No funknown) (If yes, give wor or dates of service) 2/14-19-9256. Hospital Records.
eath endin	ync	F	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
he d	<u>e</u>		PART I DEATH WAS CAUSED BY: GENERALIZED CLEROS CLEROS IS IT IT DEVELY 25
y the	, 09		450.0 DUE TO CONSTRUCTION OF THE STATE OF TH
res the	pyor		Canditions, if ony, which gave rise to immediate put TO
equi sign	Te Te		cause (o), stating the under-
ysicic been trans	o 'uc	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
The ph hos	ao ao	FICA	YES NO 1  20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)
tendin ificate the b	ol, cre	L CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
or of secritise as	n pri	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work of at any or the control of t
pital er this	p p	W	p.m.
Afted hed	ŧ g		21. I certify that (I) (this haspital) attended the deceased fram. 217. 1964 to 71. 1964, that (I) (we) last saw the deceased alive an 4/22 1964, and that death accurred at 7:43%, fram the causes and an the date stated above.
det of the	P		22b. DATE 22b. DATE
PEC PE	o l		Simou Vencis M.D. ATTENDING DIRECTOR STAFF PHYS. AD21 & 212, 19 67.
erain AL Di hould	Boar		NAME (Type) Simon Vizkuttis East, SHore State Hosto Cambrida
HOSPIT TOY be r FUNER	tote	230	
o HO moy o FUN page	e c		OGRIBOLI 4/25/1961 PARSONS CEMETERY SALISBURY, MARYLAND
VR A15 (4)	K	24.	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS
1SM 9/59		L	DATE COUNTY & Scelesbry, med. DATE
			Hoamon & Baker



4244

### **CERTIFICATE OF DEATH**

04237

	21024								Reg. Dist.	140.	
1, PLACE OF DEATH				V1 4 5 4 5	2. USUAL RESI	DENCE (Wh	ere decease	d lived. If instituti		before or	Imission)
	rchestor			YLAND	Ma	ryland	1	0. COUNT	Dorche	ester	
b. CITY OR TOWN ( RURAL ond give n	If outside corporate limi earest town)	ls, write	c. LENGTH OF STAY	IN 16	c. CITY OR	TOWN (If o	utside corpo	rote limits, write R	URAL ond giv	e nearest	town)
~	nbridge		2hrs 22mi	ins	X Vi	enna					
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street	address)		d. STREET					e. 15	RESIDENCE
OK HASHIOHON	Cambridge	Maryl	and Hospit	tal	1						S NO
3. NAME OF DECEASED (Type or print)	Fir	st	Middle		Perki		4. DATE OF DEATH	Mor Apri		Day	Year 19.61
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	EDIN	B. DATE OF BIRT			9. AGE (In years lost birthdoy)			INDER 24 HRS.
Female	Colored	WIDOWE		_	April '	19.196	STF.	lost birthdoy) yrs.	Months D	oys Ho	ours Min.
10o. USUAL OCCUPATION	ON (Give kind of work of	done 10b.	KIND OF BUSINESS C	OR INDU					12. CITIZI	EN OF W	HAT COUNTRY
during most of wor	king life, even if refired										
NOT 13. FATHER'S NAME	10	1	None		14. MOTHER'S	faryla	7		U.S	·A.	
					120000						
	Bell Perkins					abeth	Blak				
	R IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO	5. 17. 1	INFORMANT			Add	ress		
No			None		Elizabet	h Per	kins	Vienns	Mary	rland	
18. CAUSE OF DE	ATH [Enter only one co	use per fir	ne for (o), (b), and (s).	.]	20_					INTERVA	L BETWEEN
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	(17	remater	ire	tes					ONSET	ND DEATH
77/	DUE TO	-			1						
1/6/	^				V						
Conditions, if o	mmediate										
cotse (o), stoting	the under-										
lying couse lost.	) (c										
PART II. OTI	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART 1	PE	AS AUTOPSY REFORMED?
20a. ACCIDENT WAR	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY C	CCURRE	D. (Enter noture o	of injury in P	ort I or Por	t tl of item 18.)			
		r 20d IN	NJURY OCCURRED	20e PI	ACE OF INJURY (	Home form	20f. (City	os towal	IC	uniy)	(State)
20c. TIME OF INJUING HOUR O. m.	19	While	_ Not while _	fo	ctory, street, office	e bldg., etc.	)	or town,	(Coc	mtyj	(Sidie)
₹ p. m.	19	of work	k of work								
21. I certify the	nat I attended the	decease	ed fram cipm	01	7 , 190/	, to_ C	eme	2 7, 196/	that I las	st saw f	he deceased
alive an Ce	mil 19	100	and that	death	accurred at	1/20	M. from	n the causes o			
F	7.16 1	5/	2'		A			eet, city or town,		duic 3	PATE SIGNE
ACTUAL SIGNATURE	relivo	-/-	tuna	/	200		ares	aus A	22	9	1/19/1
SIGNATURE		-	/		M.D	2					149,
PHYSICIAN'S NAME (Type)	Dr. Albert	E. Bu	inker		("	am	had	12 8a	large	and	/ <b>.</b>
220. BURIAL, CREMATIC	ON, 226. DATE THEREC	F	22c. NAME OF CEM	ETERY O	R CREMATORY		22d. LOCA	TION (City, town,	or county)		Stote)
CREMOYAL L'Specify	4-19-61		Cambridge	hM-e	. Hospita	1	Camb	ridge. M	arvland		
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	2.66	TIOONIU		BY REGIST		STRAR'S SIGN		
							PR 2 6		When &		
						I DATE (%	KE A U	0	M. hung X	TLANGA	

may be retained to the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Foneral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death.

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

oth. Page 4

TO HOSPITAL CR VS A15 (4) 15M 9/55

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SECTION OF STREET	In the second se		
	and to be used to be u		

1915

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

114238

	2/4							17	
1. PLACE OF DEATH a. COUNTY	RCHESTER, CO	).	MARYLAND	2. USUAL RESIDENCE (WO. STATE MARYLA		d lived. If instituti b. COUNTY		before admiss	
b. CITY OR TOWN RURAL ond give	(If outside corporate limi	ts, write	c. LENGTH OF STAY IN 18	c. CITY OR TOWN (If	outside corpo	rote limits, write R	URAL ond give	e nearest town	n)
CAMBRIDGE	, MARYLAND.		1 WEEK	CAMBRIDGE,	MARYI	AND.	13		
OR INSTITUTION	PITAL (If not in hospitol, g			d. STREET ADDRESS WASHINGTON.	STERR	·Ψ	1		SIDENCE A FARM?
3. NAME OF	Fir		Middle	Lost	4. DATE	Mon	al.		Yeor
DECEASED (Type or print)	SII	NEY		PHILLIPS	OF DEATH	APRI	L	5	1961
S. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED			9. AGE (In years lost birthdoy)		YEAR IF UND	ER 24 HRS
MAIE	WHITE	WIDOW	/ED DIVORCED	NOV. 27 188	30	80 yrs.	Months	oys Hours	Man.
10a. USUAL OCCUPAT	TION (Give kind of work orking life, even if retired	done 10b	. KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPLACE (State	e or foreign co	ountry)	12. CITIZE	N OF WHAT	COUNTRY
SAW MILL			AW MILL OPERA	TOR ANDREWS,	MARYLA	ND.	U.S	.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				4
UNKNOWN				UNKNOWN	V				
15. WAS DECEASEDE	VER IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO. 17	, INFORMANT		CAMBRI	DE. M	ARYLAN	D.
NO	NO	ervice	NO M	R. EDWARD PHII	LIPS.	WASHINGT	ON. ST	REET.	
Conditions, if gove rise to couse (o), stotin lying cause los	g the <u>under-</u> t. DUE TO	)							
PART II. C	THER SIGNIFICANT CON	3R	CONTRIBUTING TO DEATH B	L AS	AINAL DISEAS	CONDITION GIV	EN IN PART 1	PERFC	AUTOPSY DRMED?
200. ACCIDENT V	VAS UNDERLYING AG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port I or Port	t II of item 18.)	A STATE		30
20c. TIME OF INJ Hour o. m p. m	10	ar 20d. While ot wo	Not while	PLACE OF INJURY (Home, for foctory, street, office bldg., et	m, 20f. (City	ar town)	(Cou	unty)	(Stote
	ased alive an T	ATA	ded the deceased frank 114_196/, and tha	ATTENDING	M, fram	the causes ar			
22c. PHYSICIAM'S	E. G	UN	BYJT		no la companya de la companya della companya della companya de la companya della	PHYS		m	rrid.
230. BURIAL, CREMAT REMOVAL (Speci BURIAL		)F	23c. NAME OF CEMETERY DPRCHESTER M	OR CREMATORY  IEMORIAL PARK		RIDGE, MA	or county) RYLAND	(Sto	te)
24. FUNERAL DIRECTO		TTOT	ADDRESS		D BY REGIST	RAR 2Sb. REGI	STRAR'S SIGN	IATURE	
LE COMPTE	FUNERAL SERV	ATCE,	, CAMBRIDGE, M	ARYLAND. DATE	IPR 1 0'	61 0	Ming S.	thous	

VR A15 (4) 1SM 9/59

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# FOR STATE HEALTH DEPT r. Page TO DEPUTY IN. CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is recess please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fit TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of the or its designated agent, prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	是公共D MEE	ICAL EXAMINER 3	CERTIFICA	E OF DEATH	04209
1. PLACE OF DOTCHE		MARYLAND	2. USUAL RESIDEN	ICE (Where deceased lived, If institution and b. COUNTY	ution: Residence before edmission) Dorchester
Cambri	OWN (if outside corporate limit and give nearest town)	c. LENGTH OF STAY IN 16 DOA	c. CITY OR TOWN	(If outsida corporata limits, write RUR	(AL end give neerest town)
	HOSPITAL OR INSTITUTION (H	Hosp. DOA	d. STREET ADDRESS	-	IS RESIDENCE     ON A FARM?  YES \ NO FR
3. NAME OF DECEASED (Type or prin	First John	Middle R.	Pvle	4. DATE Month OF DEATH April 26	Dey Yaer 19 61
5. SEX	6. COLOR OR RACE	7. MARRIED THEVER MARRIED	8. DATE OF BIRTH		NDER 1 YEAR   IF UNDER 24 HRS.
Male	White	WIDOWED DIVORCED	December 7,	1913 Last birthdey) Mon	nths Deys Hours Min.
dona during mo Water	CUPATION (Give kind of work of of working life, even if retired NAN	Seafood	A SECOND COLUMN	Pennsylvania	2. CITIZEN OF WHAT COUNTRYS  U.S. A.
13. FATHER'S N	AME		14. MOTHER'S MAIDEN	NAME	
1	Daniel Pyle		Agnes Pyl	e	
15. WAS DECEA	SED EVER IN U.S. ARMED FOR	ES?   16. SOCIAL SECURITY NO.   17.	INFORMANT	Address	
NO	wn) (If yes giva war or detas of se	Unknown  cause per line for (a), (b), end (c).]	Mrs John Pyl	e Crapo Maryla	and
42 (Conditions, geve rise to	DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  DUE TO  (b)  Immediate cause the underlying  DUE TO  (c)	CORONARY	EMBOL	VS	5 HRS
САПО	7	IONS CONTRIBUTING TO DEATH BUT NO			PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO
	or CONTRIBUTING		,=	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
20c. TIME (			ACE OF INJURY (Home, farr story, street, office bldg., ato		(County) (Steta)
21. I cer	ify that I took charge of	the remains described above, h	eld an Autopsy ,	Inspection Inquiry	and in my opinion
death res	ulted from: Natural car	uses Accident , Suid	cide, Homicide	Undetermined manne	er 🗌
4		1-1	CHIEF MEDICAL	EXAMINER	1/27/07
ACTUAL SIGNATU	RE alper	R. Maryano	M.D. ASSISTANT MED	DICAL EXAMINER	TOATH SIGNED
EXAMINE NAME (Ty		laryanov, M. D.		L EXAMINER City, town, or county 136 Rac	e St. Camh. Md
22a. BURIAL, CRI REMOVAL ( Burial	MATION, 22b. DATE THEREC	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or co	ountry) (State)
23. FUNERAL D		ADDRESS		C'D BY REGISTRAR   24b. REGISTRA	0
Le Comp	te Funeral Ser	vice Cambridge Ma	aryland DATMA	Y 1 '61 anthur	S. Krana

VS. A15ME 5M 9/60

HOLD BELLEN Land Complete Complet BECEMBOR V. EVIL LAW LE BLING Man Hornahasi Millian Erre and housest teneral teneral material appropriate to the state of the s

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH

04240

4			ZW Z 0 CEKINIOA	IL OI DEATH	
9	with	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	before admission)
Pa	N W	1	DORCHESTER, CO. MARYLAND	MARYLAND b. COUNTY DORCH	ESTER. CO.
4	e (IVI	11	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	e nearest town)
P	T P		RURAL and give nearest town)		
-	on VI	3-	CAMBRIDGE, MARYI.AND 110 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CAMBRIDGE, MARYLAND.	e. IS RESIDENCE
aft	£ 2 0 0	/	OR INSTITUTION		ON A FARM?
urs	d b		CANBRIDGE MARYLAND HOSPITAL	527 OAKLEY, STREET.	YES NO
t ho	d ir	3.	NAME OF First Middle DECEASED	Lost 4. DATE Month	Day Year
n 24	ath.		(Type or print) EARLE S.	RICHARDSON DEATH APRIL	22 1961
i <del>t</del>	Pag der	S.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6	o. Date of blatti	YEAR IF UNDER 24 HRS. ays Haurs Min.
3	S. ffer		MATE WHITE WIDOWED DIVORCED	SEPTI 213 1909 51 yrs.	dys riddis Mill.
ute	nper Les		00. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZE	N OF WHAT COUNTRY?
Xec	bau b		during most of working life, even if retired)  SPECTAT. INVESGATOR. COMM. MOTOR VEHI	TCLES ILLINOIS U.	S.A.
9	par 72	13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
te k	car car		THE PARTY PROPERTY OF THE PARTY PROPERTY OF THE PARTY PROPERTY OF THE PARTY PROPERTY	ANGELA STAHL	
fica	T 18 8 %	15	CHARLES E. RICHARDSON  S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, IN		BRIDGE, MD.
ert.	4 8 8		(Yes, no, or unknown) (If yes, give war or dates of service)		
ti o	ding se			RS EARLE RICHARDSON, 527 OAKLEY,	ST.
dea	oled		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		ONSET AND DEATH
he	10 at	31	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		30915
to to	유부		578X DUE TO	. de l'attenda	2 days
#	d : 6		Conditions, if ony, which) (b) LEOR age Fr	rom duodenal stump	201412
res	may		gove rise to immediate couse (a), stating the under-	+1	1111.
equ	signature and a signature and		lying cause lost. (c) fost-op gas	stric resection	4/14/6/
¥ icio	rani	7 0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	(o) 19. WAS AUTOPSY PERFORMED?
e lo	al si b	Z Z			YES NO
T B	ouri emo	E E	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part I or Part II of item 18.)	
Z	he he l	CFRT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
ICI,	as t priol	4		ACE OF INJURY (Home, form,   20f. (City or town) (Co	unty) (Stote)
TYS	s ce	MFDIC	Hour o. m. While Not while	ctory, street, office bldg., etc.)	
To lo	or to	2		00 1 11 1000 20 6	/
NI	price price	-50	21. I certify that (I) (this haspital) attended the deceased from	for 4 1/6/ 10/101. 20, 1961	, that (I) (we) last
S o	Sche		saw the deceased alive ap 701 70 196, and that d	leath accurred at AM, from the causes and an the	
4	E e G		220. SIGNATURE	ATTENDING MED. STAFF And 7	22b. DATE SIGNED
N D	of of		sews /n ) jurdelle	M.D. PHYS. DIRECTOR PHYS. 7	-1,1761
0 9	Did		22c. PHYSICIAN'S NAME (Type) / PLATE A Printer The	22d. ADDRESS	
TA	Should Bo		Lewis 14. Ourache	1 Locust St. Cambre	age, Md
SPI	3 State	23	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF	R CREMATORY 23d. LOCATION (City, town, or county)	(Stote)

TO HOSPITAL OR May be retained

TO FUNERAL DIRECT

page 3 shauld be diffe State Board of the

VR A1S (4) 1SM 9/59

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(Stote)

BMRIAL 24. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

Le Compte Funeral Service, Cambridge, Maryland.

Ridge Cemetery Baltar 25b. REGISTRAR'S SIGNATURE Baltimore

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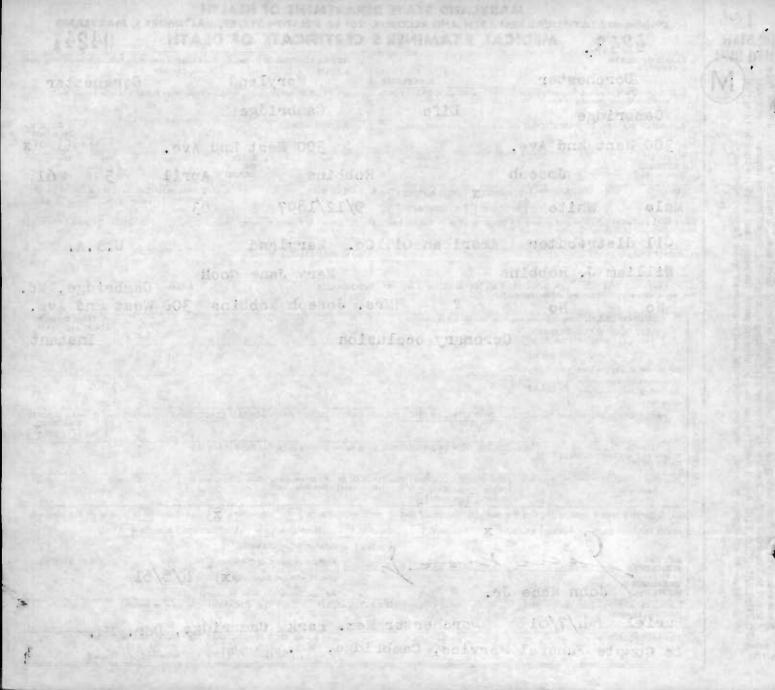
FOR STATE HEALTH DEP TO DEPUTY IN CALIFORMINER: This certificate should be executed within 24 hours after death. If any delay is researy, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health; or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. AISME

5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 4243 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ()4241

1 DIVERSAL DESCRIPTION	
1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
Dorchester MARYLAND	o. STATE Maryland Dorchester
b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)  Combanidate  Life	Cambridge
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	
	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
300 West End Ave.	300 West End Ave.
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer
(Type or print) Joseph	Robbins DEATH April 5 1961
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	9/12/1897 63 yrs. Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUST	TRY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired)	
Ull distrebutor   American Oi,	Co. Maryland U.S.A.
William J. Robbins	Mary Jane Cook
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) ((Ifyesglvewerordetesofservice)	INFORMANT Address Cambridge, Md.
	s. Joseph Robbins 300 West End Ave.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (e) Coronary occlu	sion Instant
7201 DUE TO	
Conditions, if eny, which (b)	
geve rise to immediate cause	
(e), stetling the underlying cause lest. (c)	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	PERFORMED?
5	YES NO
20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Pert I or Pert II of item 1B.)
3 20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
at week at week	ctory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, h	
death resulted from Natural causes Accident , Sui	cide, Homicide, Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL STORY	ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE	M.D. DEPUTY MEDICAL EXAMINER X
NAME (Type) John Mace Jr.	Address (Street, city, lown, or county)
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C	
REMOVAL (Specify)	
Burial   4/7/61   Dorchester	Mem. Park Cambridge Don Mark
23. FUNERAL DIRECTOR ADDRESS To Compto Funeral Services Combine	24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Le Compte Funeral Service, Cambi	cidge, Md. APR 10'61 arily S. Kroup



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before and issign) teath. If any delay is recessary, d 3 to the funeral director. Page ay be retained for your files. with the State Board of Health, e. COUNTY b. COUNTY DORCHESTER. CO. DORCHESTER. CO. MARYLAND MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1h write RURAL end give nearest town) TAYLORS ISLAND, MARYLAND. LIFE TAYLORS ISLAND. MARYLAND. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? TSTAND, MARYLAND, NONE YES XX NO death. 3. NAME OF Last Middle 4. DATE Day Month Voor DECEASED OF (Type or print) LEVI RUARK DEATH 1961 h 19 Page 5 may be is 1 and 2 with the in 72 hours after 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF LINDER 24 HRS T 70rs. Months UNKNOWN MALE WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. T.A BORER FARMER MARYLAND PM3. Pa pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EDWARD RUARK MARY RUARK it. File | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) ((Ifyes give wer or detes of service) ing" in pencil in Item 18 er's Office along with fass a burial-transit permit removal, and in any e MR. GROVER C. HOOVER, CAMBRIDGE, MARYLAND. 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), NTERVAL BETWEEN Instant PART I. DEATH WAS CAUSED BY: occlusion Coronary IMMEDIATE CAUSE (e) DUE TO Conditions, if env. which (b) geve rise to immediate cause "pending" DUE TO Examiner (e), steting the underlying 98 cause lest. nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY CERTIFICATION writing the word "ne Chief Medical Ex Page 3 should be unto to burial, crematic PERFORMED NO NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dev. Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stete) CAL E. Certificate, who do not be C fectory, street, office bldg., etc.) Hour a.m. While Not While cecute its, certified to the care part of the care part of agent, prior the care part of the care of t et work et work 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE lease execute should be for DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S John Mace NAME (Type Address (Street, city, town, or county) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY HS 22e. BURIAL, CREMATION, 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) OH Q40 P 16/196 CAMBRIDGE, MARYLAND. BURTAT 24. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS. VS. A15MF arthur S. Krawa DATE APR 1 0 '61 LE COMPTE FUNERAL SERVICE. SM 9/60 CAMBRIDGE

n n CONTRACTOR OF THE PROPERTY OF IUI · EXPLICATION (EXPLICATION ) noingless vy motor - 1 - 1 The loss of their TOUR THE PROPERTY AND A STREET WEST OF THE STREET THE CAMPUS PRINTED STREET, DESCRIPTION, SPECIAL SPACES AND LABOUR TRACES.

CERTIFICATE OF DEATH il director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY Dorchester MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Cambridge should Lite Cambridge d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS 108 Pine Street 2 108 Pine Street puc NAME OF DECEASED 4. DATE Middle Lost Month OF DEATH (Type or print) Mariah Elizabeth Holland Sampson 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Female WIDOWED | DIVORCED | Negro 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired)
Laborer Laborer Dorchester County, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Claibourne Wilson mary Alice Holland IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 72 nding | No Cambridge, Md. Herman Sampson. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO à Conditions, if day, gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART JIM OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) as the WEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Doy, Year 20f. (City or town) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased from 19/2 / that I last saw the deceased alive on. , and that death occurred at M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL prior be 3 should PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Old Field Cemetery Dorchester County FUNERAL DIRECTOR'S SIGNATU ADDRESS 246. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR arthur S. Krous DATE PR 1 0 '61

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A15 (4)

Reg. Dist. No.

Dorchester

IF UNDER 1 YEAR IF UNDER 24 HRS.

USA

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO Z

(Stote)

DATE SIGNED

(Stote)

Ma

Days

(County)

Months

e. IS RESIDENCE

ON A FARM?

YES NO TO

Yeor

1861

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and leaded accommon	
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	West as remaining strong and the second stro
A SECRETARIA DE CARLO CONTROL DE	Virial Marthade

OF EROMINIAS - HIJABI 40 WEMINATED

R STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH  Item 1c. Film G286 5/1/61 inthe Reg. Dist. No.	12777
TH DEPT.	PLACE OF DEATH  o. COUNTY  Dorchester  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before the country countr	ore admission)
X	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nor dive nord live nord limits, write RURAL ond give nord live nord live nord live nord limits, write RURAL ond give nord live no	x - d
516	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  E.S. State Hospital.	e. IS RESIDENCE ON A FARM? YES NO
r deoth	3. NAME OF DECEASED (Type or print) Roy K. Sentman Last 4. DATE Month Doy OF DEATH April 23	19 <b>61</b>
urs offe	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED B. DATE OF BIRTH  Male  White  WIDOWED DIVORCED 11/4/93  9. AGE (In years lost birthday)  67 yrs.  IF UNDER 1YEAR  Months Doys	Hours Min.
in 7'2 ho	during most of working life, even if retired)	
(T)	13. FATHER'S NAME  A.J. Sentman  14. MOTHER'S MAIDEN NAME  Hightie Gellisbie Addie Gille	ence before admission)  Cil  d give nearest town)  1. IS RESIDENCY ON A FARMY YES \( \) NO \( \)  23
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Records E.S.S. Hespital Cambridge.	Md.
, and in	IB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Coronary occlusion  I	VAL BETWEEN T AND DEATH
remova	DUE TO  Conditions, if ony, which (b) gave rise to immediate cause	
0000	(o), stating the underlying DUE TO couse lost. (c)	
O diffic		PERFORMED?
rial, o		
or to be	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, foctory, streef, office bldg., etc.)  While Not while of work 19 of work	(Stole)
7	21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , opinion death resulted from: Natural couses , Accident , Suicide , Homicide , Undetermined monne	ond in my
60 p	ACTUAL 2 CHIEF MEDICAL EXAMINED	
signal	SIGNATURE  M.D.  ASSISTANT MEDICAL EXAMINER   EXAMINER'S NAME (Type)  John Mage Jr.  DEPUTY MEDICAL EXAMINER   L	/23/61
ris de	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county)	(Stote)
ME °	23 DUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATUR  ADDRESS  A	
57	The M. I amon I don word were " Date by 5 191   Original of three	A

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

executed within 24 haurs after physician. attending

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### MARYLAND STATE DEPARTMENT OF HEALTH

AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CEDTIEICATE OF DEATH

()4246 DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH 4253

1. PLACE OF DEATH		2. USUAL RESIDEN		institution: Residence before admission
a. COUNTY	MADAK ASID	a. STATE Maryl	b. COUN	Dorchester
b. CITY OR TOWN (if outside corporate limits,	MARYLAND  c. LENGTH OF STAY IN 16			e RURAL and give nearest town)
write RURAL and give nearest town)		1.3		
Cambridge	50 years	Cambr		e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spitel, give street address)	d. STREET ADDRESS		ON A FARM?
Cambridge-Maryland Ho	spital	8 Loc	ust St.	YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Mont	h Day Year
(Type or print) William	Howard	Thomas	DEATH April	12,1961 19
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOW		July 15,186		Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. 1		Y   11. BIRTHPLACE (Cou	nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)				
Retired Building Contractor		Cambridge	e.R.D. 3	U.S
13. FATHER'S NAME		14. MOTHER 3 MAIDEN	LIVANIE	
Alexander Thomas			Jane Marshall	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unkown)   (Ifyesgive werordates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
No	Mis	ss Marie Tho	mas, 8 Locust S	t. Cambridge Md.
18. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), end (c).]		man in moone of the	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	Termonal Bron	cho Pnuemoni	а	2 days
IMMEDIATE CAUSE (a)	202111012 22 011			
DUE TO	IIIIam i a			5days
Conditions, if any, which gave rise to Immediate cause	Uremia			Juays
(e), steting the underlying DUE TO				9
ceuse lest.	Arteriosclerot			
Z PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ATIO				YES NOXX
200. ACCIDENT WAS UNDERLYING   20b. DE	SCRIBE HOW INJURY OCCURED	). (Enter neture of injury in	Part I or Part II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH				
	None			(6 1.)
20c. TIME OF INJURY Month, Day, Year 20d. While Hour e.m. 19 at wo	1	CE OF INJURY (Home, far tory, street, office bldg., et		(County) (State)
p.m. 19 at wo	ork at work			And the second
21. I certify that (I) (this phoenital) after	aded the deceased from	4-4-	1961, to 4-12	1961, that (I) (We) la
saw the deceased alive on4-12	10.67 and tha	death occured at	; On Aram the causes	and on the date stated above
22a. SIGNATURE	, and ma	death occured di		22b. DATE
228. SIGNATURE DO - 4/-	5,000	ATTENDING PHYS. XX	MED. STAFF	SIGNE
Clarials M	coff ,	A.D. PHYS. XX	DIRECTOR   PHYS.	
22c. PHYSICIAN'S NAME (Type)	16			
Eldridge H. Wol			St. Çambridg	
23e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	own or county) (State)
REMOVAL (Specify) Burial April 14.1961	L Cambridge Ce	meterv	Cambridge,	Md.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. RI	C'D BY REGISTRAR   25b. RE	EGISTRAR'S SIGNATUBE
Bonniett & Denie	Ad	DATE	APR 1 7 '61	arthur S. Thous

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### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence a. COUNTY Page b. COUNTY Dorchester Delaware MARYLAND y is ess b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Cambridge for your Seaford Boar d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) or death. If any user and 3 to the funeral d 506 Pine Cambridge Maryland Hospital .O.A. NAME OF Middle DATE DECEASED APRII OTIS LIOYD TOWNSEND (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR 59 yrs. ould be executed within 24 hours after dear "in pencil in Item 18. Give Pages 1, 2, and 3. Office along with form PM3. Page 5 may burial-transit permit. File pages 1 and 2 winnoval, and in any eyest within 72 hours Male White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Methodist Minister Church Wicomico Co. Marvland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Ida Belle Malone Littleton Marion Townsend 16. SOCIAL SECURITY NO. 17. INFORMANT Townsend (Wife) 506 Pine St. Seaford, Delaware 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) (Ifyes give weror detes of service) 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY. Coronary occlusion IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if any, which (b) erificate, writing the word "pending" led to the Chief Medical Examiner's CIOR: Page 3 should be used as a b geve rise to immediata ceuse DUE TO (e), stating the underlying 5 cause lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | DEFOCUTE THE Certificate, writing includes execute the Chief Meshould be forwarded to the Chief Meshould be forwarded to the Chief Meshould be a second and a second prior to burial, CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, ) Month, Dey, Yeer 20f. (City or town) factory, streat, offica bldg., atc.) While Not While Hour a.m. at work at work p.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry Inspection Natural causes to Suicide Homicide Undetermined manner death resulted from: Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY John Mace Jr. #6Church St. Cambridge Maryland NAME (Type) Dr. 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)

Shad Point Cemetery\_R.D.#

DATE

ADDRESS

SALISBURY MARYLAND

Sussex

25th

II S

(County)

Salisbury, Maryland

240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE MAY 3 161 Circles S. Thema

Months

e. IS RESIDENCE

YES NO X

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

Instant

PERFORMED? NO X

(State)

and in my opinion

DATE SIGNED

Apr. 29 /1961

12. CITIZEN OF WHAT COUNTRY?

IF UNDER 24 HRS.

ON A FARM?

61

VS. A15ME 5M 7/59

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Burial

23. FUNERAL DIRECTOR

HOLLOWAY &

Apr. 29.1961

COMPANY

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22b. DATE THEREOF

, and that death accurred at 2.15A.M. fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED

ACTUAL

220. BURIAL, CREMATION,

REMOVAL (Specify)

.S.S. Hospital, Cambridge

PHYSICIAN'S NAME (Type) Thomas J. Dredge

22c. NAME OF CEMETERY CRESCHOOLS

LOCATION (City, town, or county)

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

ALE **ADDRESS** 

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

may be retained by FUNERAL DIRECTOR: page 0 VS A15 (4) 15M 9/58

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registrar

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executed within 24 haurs afte

that the death certificate

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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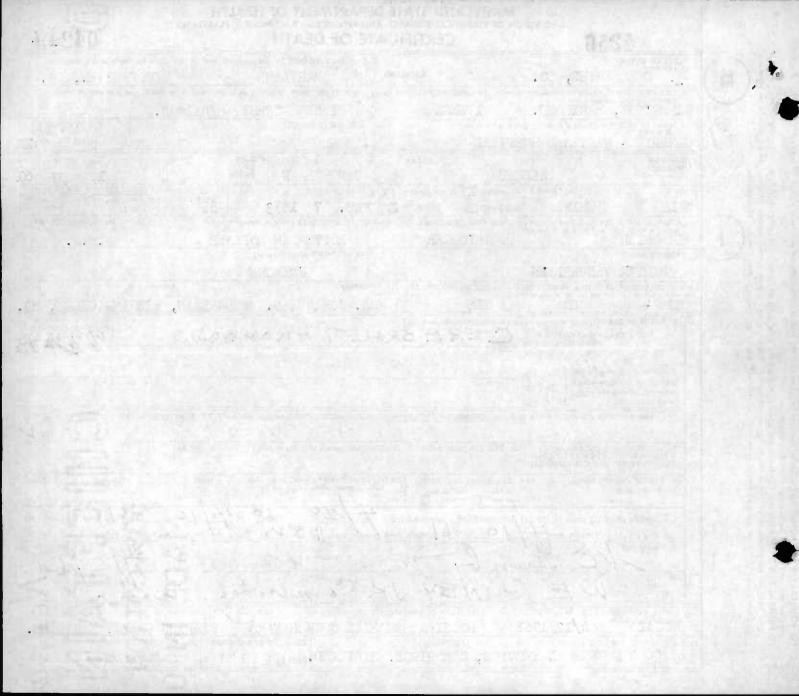
1	PLACE OF DEATH	STER, CO.		MAR	YLAND	2. USUAL RESIDENCE 0. STATE MARY	E (Whe	re deceased	b. COUNTY	on: Resider DORCH	ESTE	-	ion)
1	b. CITY OR TOWN (If a RURAL and give near CAMBRIDGE,	est town)	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN			rote limits, write R MARYLAND		give nea	rest town	.)
-	d. NAME OF HOSPITAL OR INSTITUTION CAMBRIDGE MA	. (If not in haspital, g				d. street addre	SS						FARM?
3	3. NAME OF DECEASED (Type or print)	Fir:		Middle		VANDERLA A		4. DATE OF DEATH	Mon 11	th	Day 10		Yeor 19 6
4		6. COLOR OR RACE WHITE	7. MARR	RIED NEVER MARRI		B. DATE OF BIRTH	1873		9. AGE (In years lost birthdoy)	IF UNDER			R 24 HRS. Min.
	Od. USUAL OCCUPATION during most of workin IMPORTER  3. FATHER'S NAME	(Give kind of work of g life, even if retired)				ROTTERI  14. MOTHER'S MAIL	Stote of	HOLLA	ountry)	12. CIT		WHAT C	OUNTRY?
	5. WAS DECEASED EVER	ANDERLANN IN U. S. ARMED FOR yes, give war or dates of se NO	ervice)	SOCIAL SECURITY NO		UN IFORMANT RS. JOHANNA	NKNC		Add ERLAAN,	ress FISHI	ING C	CREEK	K. MD
	Conditions, if ony gove rise to im couse (o), stating the lying couse last.	mediate DUE TO	)			NOT RELATED TO THE				/EN IN PA	RT 1(o) 1	9. WAS PERFO	KMEUT
		CAUSE OF DEATH LEDICAL EXAMINER)  Month, Doy, Yes  19  (1) (this haspital	ar 20d. I While of wor	NJURY OCCURRED Not while tk ot work of	20e. PL fo	D. (Enter noture of injunction)  ACE OF INJURY (Homestory, street, office bldg)	e, form, g., etc.)	20f. (City	y or town)				(State)
	220 SIGNATURE  220 PHYSICIAN'S NAME (Type)  230. BURIAL, CREMATION DREMOVAL (Specify)	E. J.		23c. NAME OF CEN	JF METERY C		ME DIF	D. RECTOR D	STAFF PHYS.   ON (City, town,	or county)	1/2	(Stot	b.DATE SIGNED
1	24. FUNERAL DIRECTOR'S LE COMPTE	SIGNATURE	RVIC	ADDRESS		MARYLAND DAY	REC'E	RD  BY REGIST  R 1 7 '6		STRAR'S S	IGNATU		JAND.

ith. Page 4 M

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board at Health priar to burial, crematian, ar remaval, and in any event, within 72-thours after death. 6

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

TO HOSPITAL OR VR A15 (4) 15M 9/59



### FOR STATE HEALTH DEPT

. please Page

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral directory pages 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board af Health, ar its designated agent, prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

VS. A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

42	57							Reg.	Dist. No	. (14	20
1. PLACE OF DEATH					. USUAL RESIDENC	E (Where dece	osed lived. If instill	~~~~~			
o. COUNTY Doz	chester		MARY	LAND	o. STATE Mary	rland	b. COUNT	Que	n An	ne	1
b. CITY OR TOWN and give negres! for	If outside corporate limits, write	RURAL	c. LENGTH OF STAY	IN 1b							wn)
			1 year 2	mos					1	フン	( -
		f not in hosp	ital, give street address	s)							
lastern Sho	re State Ho	spita]	L. Cambridg	e Md							
3. NAME OF	Firs	1	Middle		Lost	4. DATE	Mont	h	Day	,	Yeor
(Type or print)	Jacob			Well	ler						61
S. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE Iln vegra	IF UNDE	RIYEAR		
Male	White	WIDOWED	DIVORCED		2/8/74		977	Months	Days	Hours	Min.
IOa. USUAL OCCUPAT	ION (Give kind of work of	lone 10b. Ki	ND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (S	tote or foreign		12. CI	TIZEN O	F WHAT	COUNT
Farmar		F	arming		Marv]	land			U.S.	AL.	
13. FATHER'S NAME		-		1.							
Silas	Weller				Smeah Mo	Clain					
15. WAS DECEASED E	VER IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO.	17. INFO			Address				
No No	(If yes, give wor or dales of s	ervice)	No.	Rec	ords E.S.	State 1	Hespital.	Camb	ride	e. I	1d.
	ATH [Enter only one caus	e per line f	or (a), (b), and (c), ]	1 202							
	ATH WAS CAUSED BY:			שער פע	clusion				ONSE	AND DE	ATH
1111	ed a		502 012		702.402.012						• •
	VDI		Artori	oen]	rogia						
gave rise to imm	ediate cause		WIGGIT	بلا عدي.	1 00 719						
(a), stating the	The particular of the particul										
		OITIONIS CO	NITRIBUTING TO DEATH	PUT NO	DELATED TO SUE TO	BANKAL DISTA					
PART II. O										PERFC	DRMED?
							raa	ction	1	ES 🗌	NO 2
PRIMARY OF CO	ONTRIBUTING []	DESCRIBE	HOW INJURY OCCUR	RED. (Ente	r noture of injury in	Part I or Part I	I of item 18.)				
20c. TIME OF INJ				e. PLACE factory.	OF INJURY (Hame, I street, office bldg.,	form, i 20f. (Cit etc.)	ly or town)	(Co	ounty)		(State
p. m											
21. I certify	that I took charge	of the re	emains described	above	, held an Auto	psy [], I	Inspection K.	Inqui	ry .	, an	d in m
opinion death	resulted from: N	latural co	ouses K. Accid	lent []	Suicide ]	Hamicide	e ], Undete	rmined	manne	r $\square$	
	(1			0	100-6 T 1770						
SIGNATURE	fern	.22	2022	4 - M	CHIEF MEDICA	L EXAMINER				DATE S	IGNED
	Tolon Man	o Too		1		DICAL EXAMIN	ER 🗌				
EXAMINER'S NAME (Type)	John Mac	e jr.			DEPUTY MEDIC	AL EXAMINER	V)		4/2	4/6	
		E , ,	22c. AME OF REMETE	RY/OR AR	EMA <b>JO</b> RY	22d. 10C/	ATION City, town,	or pounty)		(State	1)
Bury (Spect	OF CHESTEY  MARYLAND  O. STATE Maryland  D. COUNTY QUEEN Anne  Cambridge  L year 2 mos  Marydal  A. STREET ADDRESS  Marydal  Jacob  Marydal  A. STREET ADDRESS  Marydal  A. STREET ADDRESS  NOTE State Hospital, Cambridge, Maryland  D. STREET ADDRESS  O. STREET ADDRESS  Marydal  A. STREET ADDRESS  Marydal  D. STREET ADDRESS  O. STREET ADDRESS  I. STREET AD	/									
23. FUNERAL DIRECTO		1	ADDRESS				TRAR 24b. REGIS	STRAR'S SI	GNATUR	E	
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VS. A15ME 5M 2/57

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	an Deservation and All Andrews Deservation Deservation				
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